

Sabine River Authority of Texas

FY-2010 Community Assistance GRANT Program

Application Form – Water Supply Corporations

Each entity must submit a completed **Community Assistance Grant Application form** to be considered for FY-2010 funding. The form must be **postmarked or faxed** (to meet deadline) *no later than September 17, 2010. If faxed, the original must be sent by mail.* Forms postmarked after the September 17, 2010 deadline will **not** be accepted. **(Please type or print the requested information below)**

Entity Information

Name of Entity (Water Supply Corporation)		CCN #	
Address		County	
City State ZIP Code			
Manager		FAX No.	
Telephone No.		Email Address	
Non-Profit/Member-Owned WSC (Y/N)	Customers Served (#)	Annually Audited (Y/N)	Date of Last Annual Audit
Year Established	Subject to Open Meetings Act (Y/N)	Subject to Open Records Act (Y/N)	

Previous Funding Sources (within the last 10 years):

Source	Project Type			Amount	Date
Federal (Specify) _____	<input type="checkbox"/> Loan	<input type="checkbox"/> Water	<input type="checkbox"/> Water Conservation		
	<input type="checkbox"/> Grant	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Water Quality		
State (Specify) _____	<input type="checkbox"/> Loan	<input type="checkbox"/> Water	<input type="checkbox"/> Water Conservation		
	<input type="checkbox"/> Grant	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Water Quality		
Local (Specify) _____	<input type="checkbox"/> Loan	<input type="checkbox"/> Water	<input type="checkbox"/> Water Conservation		
	<input type="checkbox"/> Grant	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Water Quality		

Project Description Provide a summary description of the Project. Additional information should be attached as needed.

Project Category - costs could include materials, equipment or construction costs for:	Check one Category that best describes the purpose of the Project
A. Water Supply System – Permitted capacity of a Water Supply System is being expanded or additional facilities are needed for growth.	
B. Wastewater Management – Permitted capacity of a Wastewater Treatment System is being expanded or additional facilities are needed for more stringent limits.	
C. Water Conservation - Promotes or improves water use efficiency.	
D. Water Quality - Promotes or improves instream water quality.	
Requested Amount: (up to \$10,000)	\$ _____
Local Commitment: (Amount of Local Funds)	\$ _____
In-Kind Services: (Describe and value)	\$ _____
Other Sources of Funds: (Describe)	\$ _____
Total Project Costs:	\$ _____
Links to Other State/Federal Loan or Grant Programs: (Identify program and status of approval)	
Signature of Legally Authorized WSC Official	
Printed Name and Title of Applicant's Authorized Representative	Phone Number:
Signature of Authorized Representative	Date:

Mail

- 1) Completed application
- 2) Map of project area
- 3) Copy of last annual audit

**Sabine River Authority of Texas
Community Assistance Program
P. O. Box 579
Orange, TX 77631**

Address questions to:
Ann Galassi
Phone: 409-746-2192
Fax: 409-746-3780
Email: agalassi@sratx.org