

# 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 February 15, 2010*. *If faxed, the original must be sent by mail*. Forms postmarked after the February 15, 2010 deadline will **not** be accepted. **(Please type or print the requested information below)**

#### Entity Information

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

#### 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.


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