



Coordinating Committee
San Francisco Bay Area
Integrated Regional Water Management
Prop 1 Implementation Project Summary Form

Name of organization: Contact person: Email: County: Sub-Region (please check all that apply): <input type="checkbox"/> East <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> West Project addresses the following Functional Areas (please check all that apply): <input type="checkbox"/> Water supply-Water quality <input type="checkbox"/> Wastewater-Recycled water <input type="checkbox"/> Flood protection-Stormwater <input type="checkbox"/> Watershed management-Habitat protection	Date: Phone Number:
PROJECT NAME AND DESCRIPTION	
<i>Provide project title and brief description (3 paragraph max) including scope and location.</i>	
PROJECT SCHEDULE	
<i>Include schedule for environmental review documentation and permitting, and construction.</i>	
PROJECT BUDGET	
<i>Break out by major task (e.g. Environmental Review, Design, Construction, etc.).</i>	
GRANT REQUEST	
<i>Include grant request as percentage of total project cost.</i>	

Can the 50% match requirement be met? If not, describe further. Match requirement for project benefiting a DAC or EDA may be waived or reduced.

For construction projects will the project have a lifecycle benefit of at least 15 years? **Yes** **No**

Does the project address critical water resource needs in the Bay Area Region (meet the intent of most critical statewide needs)? **Yes** **No**

Does the project address one or more of the Statewide Priorities as identified in CA Water Action Plan and DWR Prop1 IRWM Grant Program Guidelines? If so, identify which priorities are addressed. (See attached PDF)

Yes **No**

Will CEQA be completed within 6 months of the Final Award release? **Yes** **No**

Does the project benefit DACs and/or Tribes? If so, identify how. **Yes** **No**