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## Sabine River Authority of Texas

JUL 23 2019

### **Community Assistance GRANT Program**

# MENNIFER LINDENZWEIG COUNTY Clerk, Hunt County, TX

#### **Application Form**

Each entity must submit a completed **Community Assistance Grant Application form** to be considered for funding. Applications are valid for one-year from date of receipt and are considered for funding quarterly by the Sabine River Authority Board of Directors.

valid for one-year from date of receipt and are considered for funding quarterly by the Sabine River Authority Board of Directors.		
(Please type or print the requested information below)		
Entity Information		
Name of Entity (County/City/District etc.)	ty	
2507 Lee Street	County	
City State ZIP Code Gyeenulle, TX 75401		
Boba w. Stovall	FAX No. 903-408-4299	
Telephone No.	Email Address	
903-408-4144	bstovall@huntcounty.net	
Project Description Provide a brief description of the Project. Refer to Grant Application Instructions for details. Additional sheets may be added if needed.		
Maintain + Repair aging levees and dams.		
Maintain + Repair aging levees and dams.  Infrastructure to protect downstream water		
quality in Lake Fork Reservoir		
,		

Project Category - costs could include feasibility studies, materials 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>B. Wastewater Management</b> – 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)	\$ 10,000	
Local Commitment: (Amount of Local Funds)	\$ 4,000	
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)		
Texas State SWCD Board Watershed Orm Grant Program Signature of Legally Authorized Public Official		
Printed Name and Title of Applicant's Authorized Representative	Phone Number:	
Bobby W. Stovall Hunt County Judge	903-408-4146	
Signature of Authorized Representative	Date:	
M	July 19,2019	

Mail

1) Completed application

Supporting documentation Map of project area

2)

Sabine River Authority of Texas Community Assistance Program P. O. Box 579

Orange, TX 77631

Address questions to: Mary Vann

Phone: 409-746-2192 Fax: 409-746-3780 Email: cap@sratx.org

## Sabine River Authority of Texas

## **Community Assistance GRANT Program**

#### **Application Form**

valid for one-year from date of receipt and are considered for funding quarterly by the Sabine River Authority Board of Directors.		
(Please type or print the requested information below)		
Entity Information		
Name of Entity (County/City/District etc.)		
Address	County	
City State ZIP Code		
Contact Person	FAX No.	
Telephone No.	Email Address	
Project Description Provide a brief description of the Project. Refer to Grant Application Instructions for details. Additional sheets may be added if needed.		

Project Category - costs could include feasibility studies, materials 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>B. Wastewater Management</b> – 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 Public Official		
Printed Name and Title of Applicant's Authorized Representative	Phone Number:	
Signature of Authorized Representative	Date:	

Mail

Completed application
 Supporting documentation
 Map of project area

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