



Mini-Grant Program Application

Santa Clara Valley Water District



Priority D: Restore wildlife habitat and provide open space

Name of Organization or Individual Responsible for Taxes and Insurance:

Address:

City:

Zip Code:

Contact Person:

Phone#:

Email:

Project Name:

Project Location (address or general proximity):

Total Project Cost:

Requested Grant Amount (up to \$5,000):

Applicants Match Contribution (must be at least 25% of total project cost):

****In addition to submitting a filled-out application form, please also submit a separate attachment providing a detailed description of your project (Project Scope).**

#1. Please discuss how your project will achieve one or more of the priorities for D3 Restore Wildlife Habitat.

Please select all that apply:

Enhances creek and bay ecosystems

Improves fish passage and habitat

Increases community awareness and understanding of watershed stewardship

Please explain:

#2. Project Scope, Schedule, and Tasks

Please provide a description of your Scope of Work.

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Please provide a brief description of the project tasks and schedule for each task.

	TASK DESCRIPTION	START DATE:	END DATE:
Task 1			
Task 2			
Task 3			
Task 4			
Task 5			
Task 6			

#3. Please explain what you intend to achieve at the end of your project and how you will measure those achievements (e.g. pre- and post-surveys, participant testimonials, etc.)

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#4. Please describe any educational and/or outreach opportunities related to the restoration of wildlife habitat that the project will provide.

#5. Please describe the demographics of the area, community, or participants that will benefit from the project.

#6. Please describe how you intend to outreach for the project (e.g., press release, media event(s), grand opening ceremony, etc).

#7. Will there be opportunities for the SCVWD's Board Members to participate in any public events?

Please select one:

Yes

No

Please describe the opportunity and how that will be communicated to the District.

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#8. Please complete the Project Budget below.

Line Item	Applicant Contribution		SCVWD Request		Total Cost
	\$	+	\$	=	\$
	\$	+	\$	=	\$
	\$	+	\$	=	\$
	\$	+	\$	=	\$
	\$	+	\$	=	\$
	\$	+	\$	=	\$
	\$	+	\$	=	\$
	\$	+	\$	=	\$
TOTAL:	\$	+	\$	=	\$

#9. Please list all the sources of funding for the **Applicant Contribution** below.

Source	Monetary	In-Kind (Dollar Value)
Source 1:	\$	\$
Source 2:	\$	\$
Source 3:	\$	\$
Source 4:	\$	\$
Totals:	\$	\$