



Washington State CONSERVATION COMMISSION

WSCC Master Application Contact:
Template CD Regional Manager:

Debbie Becker
Mr. XXX

(360) 407-6211
(360) XXX-XXXX

FISCAL YEAR 2008 CONSERVATION DISTRICT MASTER APPLICATION FOR FUNDS

This SINGLE APPLICATION for grant funds replaces ALL previous versions. There WILL NOT be separate applications for each grant.

Template Conservation District

*** Following receipt of the Master Application for Funds, the WSCC will issue your district a Master Contract. The Master Contract will be a single document covering all General Terms and Conditions and overall requirements for Commission grants. ***

**** Individual Scopes of Work will be negotiated and added as addendums to the Master Contract. ****

1. District General Information

Check box if any information provided is new

a.	_____		
	Federal Tax ID Number		
b.	_____	_____	_____
	District MAILING Address	City	Zip
c.	_____	_____	_____
	District PHYSICAL Address (if different)	City	Zip
d.	_____	_____	_____
	Phone Number	Fax Number	Web Address

2. District Contact Information

Check box if any information provided is new

a.	_____	_____	_____
	District Manager Name	Phone Number	Email Address
b.	_____	_____	_____
	Finance Contact Name	Phone Number	Email Address
c.	_____	_____	_____
	General Contact Name	Phone Number	Email Address
d.	_____	_____	_____
	Other Contact Name	Phone Number	Email Address

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Template Conservation District hereby submits this Master Application for Funds to the Washington State Conservation Commission for the following programs. By signing below, Template Conservation District understands this application does not warrant nor guarantee a distribution of funds. Template Conservation District also agrees that all forthcoming awards will have a negotiated Scope of Work with identified Intermediate Outcomes, reportable measures, strict timelines, and compliance with all policies and procedures governing the use of Washington State Conservation Commission Funds.

3. Grant Programs **Check box if your district has direct deposit**

Program	Amount
a. CREP Cost Share (Insert your district's need in the "Amount" box & attach a CREP Cost Share Application)	\$ <input type="text"/>
b. CREP Technical Assistance	\$X,XXX,XXX.XX
c. Engineering	\$X,XXX,XXX.XX
d. Farm Plan Implementation	\$X,XXX,XXX.XX
e. Good Governance	\$X,XXX,XXX.XX
f. Irrigation Efficiencies	\$X,XXX,XXX.XX
g. Livestock Cost Share	\$X,XXX,XXX.XX
h. Livestock Technical Assistance	\$X,XXX,XXX.XX
i. Puget Sound Work Plan Implementation	\$X,XXX,XXX.XX

District Manager Signature and Date

District Chair Signature and Date

4. Submission Information

Please MAIL or FAX your district's completed Master Application to:

Washington State Conservation Commission
P.O. Box 47721
Olympia, Washington 98504-7721
Fax (360) 407-6215

Regional Manager Signature and Date

(TO BE SIGNED UPON RECEIPT OF COMPLETED MASTER APPLICATION)