

# 2013 SWWD Coordinated Capital Improvement Program Application

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## Applicant Information

LGU:

LGU Representative:

Address:

City:

State: MN

Zip Code:

Phone:

Email:

## Project Location

Project Location:

Watershed Management Unit:

Primary Waterbody Affected:

## Project Description

*Purpose/Need*

*Goals*

*Benefits/Measurable Results (e.g. estimated pollutant reductions, reduced flooding risk, etc.)*

## Project Budget

Total Project Cost:

CCIP Funding Requested (maximum of 35% of total project cost):

*I certify to the best of my knowledge that the information included in this application is true, complete, and accurate*

Signature \_\_\_\_\_

Date \_\_\_\_\_