TEXAS STATE SOIL AND WATER CONSERVATION BOARD Flood Control Structural Repair Grant Program

APPLICATION FOR REHABILITATION **MATCHING FUNDS**

Use this application to request grant funds to provide not more than 100% of the non-federal matching funds required for a federal rehabilitation project performed by or claims@tsswcb.texas.gov the USDA-Natural Resources Conservation Service through the Federal Dam Rehabilitation Program.

To qualify for state appropriated matching funds from the TSSWCB's Structural Repair Grant Program, an application for federal rehabilitation funds must have already been submitted to the USDA-Natural Resources Conservation Service. A copy of the federal application must be attached to this form at the time of submittal.

FORM NUMBER: TSSWCB-FC-2 Effective Date: June 1, 2023

Submit completed applications to:

TSSWCB Attention: Flood Control 1497 Country View Lane Temple, TX, 76504

For assistance in completing this application, contact: TSSWCB Flood Control Department

(254) 773-2250 www.tsswcb.texas.gov/programs/flood-

control-program

THIS SPACE FOR TSSWCB USE ONLY

Λ		info.		
ADDI	licant	mo	mau	on:

Printed Name:

Representing:

Provide contact information for the individual representing the entity that has already applied for federal rehabilitation funding. *This individual shall be considered the

"authorized represei	ntative" as defined by Texas Adm	inistrative Code, Section 529.51(1).		
First Name:			Last Name:		
Organization:					
Address:			Zip Code:		
Office/Suite Numbe	r:		Phone Number:		
City:			Fax Number:		
State:			Email Address:		
Certification: Texas Administrative applicable watershe it being submitted to	d agreement with O&M responsi o the State Board for consideration	es that all applications must have bility for the flood control dam(s) on. By signing below, sponsors a	certification signatures by on which repairs are prop re requesting state grant fo	authorized individuals from all sposed acknowledging and approvunds, in an amount not more that the authorized representative (if c	ing the application prior to n 100% of the non-federal
r	Signature	Date		Signature	Date
*Authorized Representative:			Printed Name:		
Representing:			Representing:		
	Signature	Date		Signature	Date

Printed Name:

Representing: