**APPENDIX A: CDOT Application Form**

**CDOT Permanent Water Quality Mitigation Pool**

This form can be sent electronically in Word or PDF format to dot\_pwq@state.co.us. Upon receipt, a confirmation email will be sent to the sender. If you do not receive a confirmation, call Amber Williams (303-757-9814) to confirm that she received it.

Applications must be in original format and typewritten; no handwritten applications will be accepted.

The application package must include the following. Please review the Directions for Requesting Mitigation Pool Funding for CDOT Advertised Projects for more detailed information.

\_\_ Completed application form

\_\_ Brief description of the project including information outlined in the application guidance

\_\_ Attached *NDRD Evaluation and Tracking Form*

\_\_ Attached map and/or location and aerial photos describing the project

\_\_ Attached treatment area table

\_\_ Attached cost estimate

**Applicant Information**

|  |  |
| --- | --- |
| Project Name |  |
| Amount Requested |  | Expected Ad Date |  |

|  |
| --- |
| **Project Manager/ Technical Contact**  |
| Name of Project Manager |  |
| Title |  |
| Address |  |
| E-mail |  |
| Phone Number |  |
| **Alternative Contacts Information** (in absence of Project Manager– add additional contacts, as needed) |
| Name |  |
| Title or Position |  |
| E-mail |  |
| Phone Number |  |

**Project Information (if different than information in *NDRD Evaluation and Tracking Form*)**

|  |
| --- |
| **Project Location/ Ownership** |
| CDOT Region |  |
| Drainage Basin (name and description, and if known, HUC number) |  |
| Parcel Address or Number (if known) |  |
| Description of Location – e.g., street address, intersection, and/or latitude and longitude (show detail on required map) |  |
| Description of Property Ownership |  |

**Brief Description of the Project**

Provide a brief description that responds to all information outlined in the Directions for Requesting Mitigation Pool Funding for CDOT Advertised Projects. This includes, but is not limited to, information on the scope for the Control Measures, maintenance plan, matching resources and benefits, and additional environmental or community benefits.

**Resident Engineer Signature**

All information in this application is true and correct to the best of my knowledge. I understand this application will be rated on the basis of information submitted and that incorrect data can result in this application being withdrawn from consideration for funding.

Signature, Title/Organization Date