

Coordinated Capital Improvements Program (CCIP) 2025 Application Form

APPLICANT INFORMATON LGU: Name: _____ Title: _____ City: State: MN Zip: Phone: _____ Email: ____ PROJECT LOCATION City: _____ State: MN_Zip: _____ SWWD Watershed Management Unit: East Mississippi South Washington Lower St. Croix Primary Waterbody Affected: _____ **PROJECT BUDGET** Total Project Cost: CCIP Funding Requested: Other Funding Secured: Other Funding Sources:

PROJECT CONCEPT PLAN [check box when complete]

Attach drawings, maps, figures, or other supporting material to graphically illustrate the location and/or conceptual design of the project.

PROJECT DESCRIPTION [attach additional sheets if necessary]

TROJECT DESCRIPTION [attach additional sheets if necessary]		
A.	Briefly summarize the primary goals and outcomes of the project, including proposed best management practices (BMPs):	
B.	Describe the water resource problems addressed by the project:	
C.	Provide a quantitative estimate and description of the anticipated pollutant load reductions or other water resource benefits associated with the project:	

D.	Explain how long-term operation and maintenance of the project will be accomplished:
E.	How does the proposed work increase the resiliency of affected resources and/or systems?
F.	Describe the anticipated project implementation schedule:
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AF	PPLICANT SIGNATURE
	ertify to the best of my knowledge that the information included in this application is true, mplete, and accurate.
Sig	nature Date
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