

SNC Reference Number

080139

Application Form

**SIERRA NEVADA CONSERVANCY  
PROPOSITION 84 GRANT APPLICATION FORM  
COMPETITIVE GRANTS**

Rev. June 2006

*Complete all applicable items on both pages of form.*

<b>1. PROJECT NAME</b> Finnon Lake Restoration and Habitat Improvement Project		<b>2. SNC REFERENCE NUMBER</b> 080139	
<b>3. APPLICANT</b> <i>(Agency name, address, and zip code)</i>  Georgetown Divide Resource Conservation District		<b>4. APPLICANT TYPE:</b> <input type="checkbox"/> Non-profit Organization <input checked="" type="checkbox"/> Government <input type="checkbox"/> Tribal Organization	
<b>5. APPLICANT'S AUTHORIZED REPRESENTATIVE</b>			
<i>Name and title – typed or printed</i>		<i>Email Address</i>	<i>Phone</i>
<input checked="" type="checkbox"/> Mr. William J. Bennett, President		bbennett@geiconsultants.com	530-295-5630
<input type="checkbox"/> Ms.			
<b>6. PERSON WITH DAY-TO-DAY RESPONSIBILITY FOR ADMINISTRATION OF THE GRANT</b> <i>(If different from Authorized Representative)</i>			
<i>Name and title – typed or printed</i>		<i>Email Address</i>	<i>Phone</i>
<input checked="" type="checkbox"/> Mr. Mark A. Egbert		Mark.Egbert@ca.usda.gov	530-295-5630
<input type="checkbox"/> Ms.			
<b>7. FUNDING INFORMATION</b>			
SNC Grant Request <i>(Must be \$250,000-\$1,000,000)</i>		\$ 610,000	
Other Funds		\$ 819,680	
Total Cost		\$ 1,429,680	
<b>8. PROJECT CATEGORIES</b>		<b>8a. DELIVERABLES</b>	
<input checked="" type="checkbox"/> <b>Site Improvement (fill in all that apply)</b>		<b>(Select one primary deliverable)</b>	
Project Area		<input checked="" type="checkbox"/> Restoration	
Total Acres: 55		<input type="checkbox"/> Enhancement	
SNC Portion (if different):		<input type="checkbox"/> Resource Protection	
Total Miles (i.e. river or streambank):		<input type="checkbox"/> Infrastructure Development / Improvement	
SNC Portion (if different):			
<input type="checkbox"/> <b>Acquisition (fill in all that apply)</b>		<b>(Select one primary deliverable)</b>	
Project Area		<input type="checkbox"/> Fee Title	
Total Acres:		<input type="checkbox"/> Easement or Other Landowner Agreement	
SNC Portion (if different):			
Total Miles (i.e. river or streambank):			
SNC Portion (if different):			
<b>9. PROJECT ADDRESS/LOCATION</b> <i>(Include zip code)</i> 9100 Rock Creek Road. Placerville, CA 95667			

<b>10. LATITUDE AND LONGITUDE</b> LATITUDE: 38.797, LONGITUDE: 120.752							
<b>11. COUNTY</b> El Dorado County	<b>12. CITY</b> <i>(Is project within city limits? If so, which one?)</i>						
<b>13. NEAREST PUBLIC WATER AGENCY (OR AGENCIES) CONTACT INFORMATION:</b>  Name: <i>El Dorado Irrigation District</i> Phone Number: <i>530-642-4001</i> Email address: <i>sfraser@eid.org</i>							
Name: <i>El Dorado County Water Agency</i> Phone Number: <i>530-621-5392</i> Email address: <i>edcwa@co.el-dorado.ca.us</i>							
<b>14. CEQA OR NEPA DOCUMENT TYPE</b> (if applicable) <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Notice of Exemption</td> <td><input type="checkbox"/> Finding of No Significant Impact</td> </tr> <tr> <td><input type="checkbox"/> Negative Declaration</td> <td><input type="checkbox"/> Environmental Impact Statement</td> </tr> <tr> <td><input type="checkbox"/> Environmental Impact Report</td> <td><input type="checkbox"/> Joint CEQA/NEPA Document</td> </tr> </table>		<input checked="" type="checkbox"/> Notice of Exemption	<input type="checkbox"/> Finding of No Significant Impact	<input type="checkbox"/> Negative Declaration	<input type="checkbox"/> Environmental Impact Statement	<input type="checkbox"/> Environmental Impact Report	<input type="checkbox"/> Joint CEQA/NEPA Document
<input checked="" type="checkbox"/> Notice of Exemption	<input type="checkbox"/> Finding of No Significant Impact						
<input type="checkbox"/> Negative Declaration	<input type="checkbox"/> Environmental Impact Statement						
<input type="checkbox"/> Environmental Impact Report	<input type="checkbox"/> Joint CEQA/NEPA Document						
<b>15. STATE CLEARINGHOUSE NUMBER</b> 2005128322							
<b>16. APPRAISAL</b> <input type="checkbox"/> Submittal with application <input type="checkbox"/> Submittal by November 15, 2008							

I certify that the information contained in the Application, including required attachments, is accurate.

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 Signed (Authorized Representative)

September 10, 2008  
 Date

William J. Bennett, President  
 Name and Title (print or typed)