



Los Angeles County Flood Control District Preliminary Project Proposal Review Form

The Los Angeles County Flood Control District (LACFCD) appreciates the submission of concept proposals that will allow public use of our facilities while preserving our core functions of flood protection and water conservation. Successful project proposals for enhancements to the LACFCD's right of way will support the LACFCD's objectives and may be submitted by municipal and nongovernmental agencies, community-based organizations, and individuals. To assist in the evaluation of your proposal, please provide the following information:

Completed forms can be mailed to: County of Los Angeles
 Department of Public Works
 Watershed Management Division, 11th Floor - Proposals
 P.O. Box 1460
 Alhambra, CA 91802-1460

The Los Angeles County Flood Control District constructs, operates, and maintains an advanced system for flood protection and conserving water, while supporting water quality and maximizing habitat, open space, and recreational opportunities.

Does your proposal fit within this statement? Yes No If Yes, please continue

APPLICANT INFORMATION

Applicant Name (Agency/Individual)		Date
<input type="checkbox"/> Government Agency <input type="checkbox"/> Nongovernmental Organization <input type="checkbox"/> Individual(s) <input type="checkbox"/> Other		
Address	Contact Person	
	Phone ()	Fax ()
	E-mail	
	Website	

PROJECT INFORMATION

Project Name	
Project Location (Address and Thomas Guide Page/Grid)	Please check if you have attached associated project documents: <input type="checkbox"/> Aerial Photo <input type="checkbox"/> Plans/Drawings <input type="checkbox"/> Location Map <input type="checkbox"/> Photos/Renderings <input type="checkbox"/> Other
Affected Flood Control District Facility/Channel/Watershed	Project Size (Area and Dimensions of Project Site)

Detailed Project Proposal/Scope Description
 (Attach additional sheets if necessary. Include square footage of proposed landscaping, if applicable.)

Estimated project cost \$ Projects on LACFCD right of way are subject to applicable permit, inspection, and agreement processing fees. Please include these in your estimated project costs. Contact Watershed Management Division at (626) 458-4300 for details.	Estimated construction start date	Estimated date of construction completion
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Other Project Partners (Attach additional sheets if necessary.)

If applicable, please include information on additional partners for this proposal.

Organization Name _____

Contact Person _____ Phone (____) _____

Role of this Organization in Project _____

TYPE OF PARTNERSHIP

Grant Partner

Project Partner

Other

PROJECT BENEFITS (Check all that apply)

Flood Protection
 Water Quality
 Infiltration
 Other _____

Water Supply
 Open Space
 Aesthetic Improvement of Right-of-Way

MAINTENANCE

Is a Governmental Agency willing to provide project maintenance?

Yes No N/A

If Yes, name of Governmental agency willing to provide maintenance. _____

(Please include documentation of this arrangement.)

If No, please explain how maintenance will be provided.

<p>GRANTS</p> <p>Are you applying for funding from a granting agency?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, for how much?</p> <p>\$ _____</p> <p>Projects on LACFCD right of way are subject to applicable permit, inspection, and agreement processing fees. Please include these in your grant application. Please request estimate from the LACFCD. Also include a copy of the grant application forms.</p>	Name of granting agency & purpose of grant program.	
	When is the grant application due?	If awarded, when will the grant funds expire?
	Who is preparing the grant application?	Who is/are the lead applicant(s)?
	Which phase of the project is the grant being proposed for? (Please include detailed scope of work to be completed with grant funds) <input type="checkbox"/> Planning <input type="checkbox"/> Design <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance	

Are you requesting a letter of support from the LACFCD for this proposed project?

Yes No (If yes, please provide a copy of your completed grant application.)

Please submit a template of the requested letter of support and allow a minimum of 2 weeks for LACFCD approval and preparation.

STAKEHOLDER/POLITICAL INVOLVEMENT

Has this project been discussed with political, residential, and/or business stakeholders?

Yes No N/A

Are there any major political issues and/or opposition?

Yes No N/A

If Yes to either of these questions, please describe. _____

