

# Sabine River Authority of Texas

## Community Assistance GRANT Program

### Application Form

Each entity must submit a completed **Community Assistance Grant Application form** to be considered for funding. Applications are valid for one-year from date of receipt and are considered for funding quarterly by the Sabine River Authority Board of Directors.

(Please type or print the requested information below)

#### Entity Information

Name of Entity (County/City/District etc ) **Panola County**

Address **110 Sycamore St. #213A**

County **Panola County**

City State ZIP Code **Carthage, Texas 75633**

Contact Person **Jennifer Stacy, Auditor**


FAX No

Telephone No  
**903-693-0320**

Email Address  
**jstacy@co.panola.tx.us**

**Project Description** Provide a brief description of the Project. Refer to Grant Application Instructions for details. Additional sheets may be added if needed.

**Drainage and stabilization project adjacent to the Sabine River near HWY 79 north of Carthage, TX. Improvements will reduce sedimentation to the Sabine River.**

<b>Project Category</b> - costs could include feasibility studies, materials or construction costs for	<b>Check one Category that best describes the purpose of the Project</b>
<b>A. Water Supply System</b> - Permitted capacity of a Water Supply System is being expanded or additional facilities are needed for growth	
<b>B. Wastewater Management</b> - Permitted capacity of a Wastewater Treatment System is being expanded or additional facilities are needed for more stringent limits	
<b>C. Water Conservation</b> - Promotes or improves water use efficiency.	
<b>D. Water Quality</b> - Promotes or improves instream water quality.	Water Quality
<b>Requested Amount:</b> (up to \$20,000)	\$20,000.00
<b>Local Commitment:</b> (Amount of Local Funds)	\$ _____
<b>In-Kind Services:</b> (Describe and value)	\$ _____
<b>Other Sources of Funds:</b> (Describe)	\$ _____
<b>Total Project Costs:</b>	\$ _____
<b>Links to Other State/Federal Loan or Grant Programs:</b> (Identify program and status of approval)	
<b>Signature of Legally Authorized Public Official</b>	
Printed Name and Title of Applicant's Authorized Representative David L. Anderson County Judge	Phone Number 903-693-0391
Signature of Authorized Representative 	Date 10-26-21

**Mail**

- 1) Completed application
- 2) Supporting documentation
- 3) Map of project area

**Sabine River Authority of Texas  
Community Assistance Program  
P. O. Box 579  
Orange, TX 77631**

Address questions to  
James East  
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Fax 409-746-3780  
Email [cap@sratx.org](mailto:cap@sratx.org)