

CONSERVE NEVADA: WORK PLAN FORM



Internal Project No.

Check box if this is a project amendment

Project Name:

Recipient Name:

Project Manager Name:

Mailing Address:

Specific Project Location or Address:

Phone:

Email:

Project Description: (For direct recipients of funds under AB-84 of the 80th Session of the Nevada Legislature please provide detailed information. For grant recipients please provide a brief description of project in line with grant application)

Check this box if the project will benefit the public for at least 20 years

Start Date:

Completion Date:

	Project Budget Category	Completion Date	Total Bond Funds Budgeted	Total Match Budgeted	Bond Outlays To Date	Bond Balance Remaining
A.	Acquisitions					
B.	Planning & Design					
C.	Construction/Materials					
D.	Permits/Project Reviews					
E.	Study/Document Preparation					
F.	Administrative Costs					
G.	Other					
Internal-Authorized Bond Fund Total:		Column Total:				

Check box if this project includes other fund sources

NDSL Reviewed:

Check box if this project includes the purchase of property, land, or water rights

Check box if this project includes construction of buildings, or recreation trails

Requesting Entity Signature: Title: Date:

CN Program Manager: Date: See Attached Memo

NDCNR DO Signature: Date:

Please attach supporting materials or documents to include pictures, site plans, maps, budgets, matching project funds, mockup, project schedules, life cycle plan, trail mileage, acquisition acreage, fund match, or other appropriate documentation.