



# INTERIM EMERGENCY DRINKING WATER FUNDING APPLICATION



EDMUND G. BROWN JR  
Governor

<b>A. CONTACT INFORMATION / GRANT ADMINISTRATOR</b>		
<i>Identify the person who will be responsible for administering the funding agreement.</i>		
Name:		
Title:		
Email Address:	Phone No.: (    )	
Mailing Address:		
City:	State:	Zip+4 Code:
<b>B. WATER SYSTEM INFORMATION</b>		
1. Water System Name:		
2. Water System Number:		
3. Number of Service Connections:		
4. Population Served:		
5. Indicate the Ownership of the Water System (check all that apply):		
<input type="checkbox"/> Municipality	<input type="checkbox"/> Not-For-Profit Water Districts	
<input type="checkbox"/> County Agency	<input type="checkbox"/> Not-For-Profit Organization (Federal Tax ID No. _____)	
<input type="checkbox"/> Special District	<input type="checkbox"/> Tribal Government	
<input type="checkbox"/> State Agency	<input type="checkbox"/> Other (Explain: _____)	
<input type="checkbox"/> Federal Agency		
<b>C. PROJECT TYPE</b>		
1. Indicate Project Type: <input type="checkbox"/> Bottled Water <input type="checkbox"/> Vending Machines <input type="checkbox"/> Point of Use Devices (e.g., Filtration)		
<input type="checkbox"/> Hauled Water <input type="checkbox"/> Wellhead Treatment <input type="checkbox"/> Planning*		
<input type="checkbox"/> Other (Explain: _____)		
*While the primary objective for this funding is to provide interim emergency drinking water, the State Water Resources Control Board recognizes that planning for a long-term solution is an integral part of any emergency drinking water funding.		
2. Will the project serve an economically disadvantaged community? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please check one of the following: <input type="checkbox"/> Disadvantaged Community <input type="checkbox"/> Severely Disadvantaged Community		
3. Provide the annual Median Household Income (MHI): \$		
4. Describe how the MHI was determined and attach supporting documentation:		

State Use Only	
Project #	
Project Manager	
Date Received	

**D. ESTIMATED TOTAL PROJECT COST**

1. Amount of emergency funds requested: \$

**E. PROJECT DESCRIPTION**

1. Describe the existing water system:

2. Describe the water quality problem impacting the water system:

3. Indicate the source(s) of contamination:

Anthropogenic (i.e., man-made) Source     Naturally Occurring Source     Not Sure

Describe the source of contamination and indicate if a Responsible Party for the contamination has been identified:

4. Describe the proposed interim solution to this problem. The description should include, but not be limited to, the following information: a list of items that will be purchased, where they will be located, and how they will be serviced and maintained. Describe how many weeks, months, or years the project will provide emergency funding for the water supply.

5. Do you have any plans for a permanent solution?     YES     NO

If YES, describe the solution, estimated cost, and schedule to implement the solution:

6. Has the applicant submitted a pre-application to the California Department of Public Health (CDPH) Safe Drinking Water State Revolving Fund (SDWSRF) program for a permanent solution?

7. Has the applicant applied for emergency/interim funding from any other sources?  YES  NO

If YES, list the source(s) below and the funding amount for the corresponding source(s):

a. \_\_\_\_\_ c. \$ \_\_\_\_\_

b. \_\_\_\_\_ d. \$ \_\_\_\_\_

8. Describe the current financial status of the water system and provide an explanation to show that the water system is lacking the financial capacity for the emergency/interim solution:

9. Describe how the water system customers will be notified of the availability of alternate water supplies and the method for customers to access those supplies:

#### F. ATTACHMENTS TO THE APPLICATION

**In order to process this application in a timely manner, the applicant must provide the following documents to support the information stated above:**

- A detailed cost breakdown for the proposed project
- A service area map for the water system
- The basis used to determine the water system's Annual MHI. The Annual MHI must be for the service area served by the water system. Attach all supporting documents (e.g., information provided in an existing CDPH SDWSRF application, census data, income survey, the most recent tax form, or other verifiable document) to this application.
- A copy of the domestic water supply permit issued by the local CDPH District Office or county showing the Water System Name and Water System Number.

#### G. APPLICATION CERTIFICATION

I hereby certify that this application was prepared by a representative who was duly authorized by the water system's governing body. Please attach the authorizing document (for example: resolution, ordinance, etc.) if applicable. I further attest that the information provided in this application, including the annual median household income stated in Section E, and its supporting information are accurate to the best of my knowledge.

The State Water Resources Control Board is working with CDPH and other State and Federal Agencies and this application may be referred to other State and/or Federal Agencies for funding.

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative's Name (print)

\_\_\_\_\_  
Title