

DRINKING WATER FOR SCHOOLS FUNDING APPLICATION

CONTACT INFORMATION

Name:

Identify the person who will be responsible for administering the funding agreement.

Title:

Agency/department:

Email Address:

Phone Number:

LOCAL EDUCATIONAL AGENCY (LEA) INFORMATION

Applicant's Legal Entity Name:

Mailing Address Street:

County:

City:

Zip Code:

Indicate type of applicant:

School District Joint School District County Office of Education Other _____

A. How many schools are included in the proposed Project?

B. What is the total funding amount requested for all schools included in this Proposal?

C. Have you, or are you currently receiving technical assistance funded by the State Water Board, another agency, or an outside expert to solve your access/water quality issues?

YES NO

If YES, describe the assistance:

D. Do you need technical assistance to complete the application or devise a technical solution?

YES NO

If YES, describe the technical assistance you are seeking:

APPLICATION CERTIFICATION

I hereby certify that I am duly authorized by the applicant's governing body to apply for funding from the State Water Resources Control Board for the project described in this application. I further attest that the information provided in this application is accurate to the best of my knowledge. I understand that the information provided in 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

SCHOOL NAME:

(complete all the following sections for each school)

Mailing Address Street:

County:

City:

Zip Code:

A. Number of students:

Grades:

B. Will the project serve a small economically disadvantaged community?

 YES NO (not eligible)

A Small Disadvantaged Community (small DAC) – means a community with a population of 20,000 persons or less, with an annual median household income that is less than 80 percent of the statewide annual median household income. Only small DACs are eligible for funding. Guidance for making a determination of small disadvantaged community status is available at:

[\(LINK to follow\)](#)

C. What is the annual Median Household Income (MHI) of the community served by the school?

D. What is the population of the community served by the school?

E. Describe how the MHI and population were determined, and submit documentation as Attachment 1.**WATER SYSTEM INFORMATION**

A. Water System serving school:

B. Water System Number:

C. Indicate whether the Water System is regulated by the Division of Drinking Water (DDW) or a Local Primacy Agency (if known):

 Division of Drinking Water Local Primacy Agency

Identify the DDW District Office or Local Primacy Agency below and the contact person and contact information at that agency (if known):

D. Is the water system at the school under any compliance order?

 YES NO UNKNOWN

If YES, describe the compliance order:

IMPAIRED DRINKING WATER QUALITY

A. Is the water system serving the school impacted by a water quality problem?

- YES NO (skip section)

If YES, describe the impairment to drinking water at this school, including the contaminants and MCL exceedances, and whether they are anthropogenic or naturally occurring. Submit any available documentation as [Attachment 2a](#).

B. Has the school contacted the Water Supplier regarding any water quality issues or requested lead sampling?

- YES NO UNKNOWN

If YES, describe any coordination between the applicant/school and water supplier(s) regarding any water quality issues or lead sampling, and include any documentation with [Attachment 2a](#).

IMPAIRED DRINKING WATER ACCESS

A. Does the school have impaired access to drinking water?

- YES NO (skip section)

If YES, describe the impairment to drinking water access, and submit documentation as [Attachment 2b](#).

PROJECT DESCRIPTION

A. Select project type(s):

- Water Bottle Filling Station Point of Use/Entry Devices Other Treatment
 Drinking Fountains Plumbing Fixtures Other

B. Describe the proposed project to address impaired water quality or impaired access issues and attach a workplan (if available) as Attachment 3.

C. Is the project for an interim or permanent solution, or both?

- INTERIM PERMANENT BOTH UNKNOWN

Please explain:

D. If the project is not a permanent solution, are you aware of any plans for a permanent solution?

- YES NO

Please explain:

E. For projects on school property, Division of State Architect (DSA) review and approval may be required prior to commencing work on the site. Have you contacted DSA to determine if their review is required?

- YES NO

Please explain:

ESTIMATED PROJECT COSTS AND TIMELINE

A. Describe the estimated project costs (if known), grant funding requested for this school, and attach a project budget (if available) as Attachment 4.

B. Describe the estimated project timeline (if known) for this school, and attach a project schedule (if available) as Attachment 5.

C. Indicate attachments provided and label supplemental documents:

- | | |
|--|---|
| <input type="checkbox"/> Attachment 1 – small DAC documentation | <input type="checkbox"/> Attachment 2a – Water Quality Impairment |
| <input type="checkbox"/> Attachment 2b – Water Access Impairment | <input type="checkbox"/> Attachment 3 – Workplan |
| <input type="checkbox"/> Attachment 4 – Budget | <input type="checkbox"/> Attachment 5 – Schedule |
| <input type="checkbox"/> Attachment 6 | |
| <input type="checkbox"/> Attachment 7 | |
| <input type="checkbox"/> Attachment 8 | |
| <input type="checkbox"/> Attachment 9 | |
| <input type="checkbox"/> Attachment 10 | |

Describe additional attachments if applicable: