



INTERIM EMERGENCY DRINKING WATER AND DROUGHT RELATED DRINKING WATER FUNDING APPLICATION



EDMUND G. BROWN JR
Governor

A. CONTACT INFORMATION / GRANT ADMINISTRATOR		
<i>Identify the person who will be responsible for administering the funding agreement.</i>		
Name:		
Title:		
Email Address:	Phone No.: ()	
Applicant's Agency/Organization Name (Legal Entity Name):		
Mailing Address:		
City:	State:	Zip+4 Code:
Federal Tax Identification number:		
B. WATER SYSTEM INFORMATION		
1. Water System Name:		
2. Water System Classification:		
<input type="checkbox"/> Community <input type="checkbox"/> Non-transient Non-community <input type="checkbox"/> Transient Non-community		
3. Water System Number:		
4. Number of Service Connections:		
5. Population Served:		
6. Indicate type of applicant applying on behalf of the Water System (check all that apply):		
<input type="checkbox"/> Municipality <input type="checkbox"/> Community Water Systems* <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		
* Community Water Systems, Not-For-Profit Organizations and Tribal Governments must serve a Disadvantaged Community in order to be eligible for funding.		
7. Indicate if the Water System is regulated by the Division of Drinking Water (DDW) or a Local Primacy Agency:		
<input type="checkbox"/> Division of Drinking Water <input type="checkbox"/> Local Primacy Agency		
a. Identify the DDW District Office or Local Primacy Agency below and the contact person and contact information at that agency:		

State Use Only	
Project #	
Project Manager	
Date Received	

C. PROJECT TYPE

1. Indicate Project Type: Bottled Water Vending Machines Point of Use Devices (e.g., Filtration)
 Hauled Water Treatment Systems Emergency Interties
 Well Repair / Well Rehabilitation Well Replacement
 Other (Explain: _____)

2. Will the project serve an economically disadvantaged community? YES NO

Note: "Disadvantaged community" means a community with an annual median household income that is less than 80 percent of the statewide annual median household income (MHI). MHI data is available through the U.S Census Website at:

<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.

For further assistance, please contact your DDW District Office, or call (916) 319-9066 or send an email to:

DFA-CAA-DW-Droughtfund@waterboards.ca.gov.

3. Provide the annual Median Household Income (MHI): \$

4. Describe how the MHI was determined and attach supporting documentation:

D. DROUGHT EMERGENCY DESCRIPTION Emergency Threatened Not Applicable

1. Describe the emergency and explain how this is a **drought related drinking water emergency or threatened emergency**. Indicate if community is out of water or estimated timeframe for expected water outage. Please attach any supporting documentation/calculations.

2. What conservation measures (indicate if mandatory or voluntary) has the water system(s) instituted? Please indicate other possible conservation measures that the water system(s) plans to implement, or has implemented.

3. Has the water system's Local Health Officer, Local Director of Environmental Health, County Office of Emergency Services (OES) or any other entity taken any drinking water drought response actions?

E. WATER QUALITY IMPAIRMENT Not Applicable

1. Is the water system impacted by a water quality problem? YES NO

If YES, please describe the water quality problem impacting the water system including contaminants and MCL exceedances:

2. If there is a water quality problem impacting the water system, please indicate the source(s) of contamination:

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

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

3. Is the water system under any compliance order? YES NO

If YES, describe the compliance order:

F. PROJECT DESCRIPTION

1. Describe the project proposed to address the **drought related drinking water emergency** or **water quality impairment**:

2. How will the project achieve the most immediate and reliable supply of domestic water for the duration of the **drought related drinking water emergency** or **water quality impairment**?

3. Describe the existing water system infrastructure and customers :

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

Interim Permanent Both

Please explain:

5. If the proposed project is not a permanent solution, do you have any plans for a permanent solution?

YES NO

6. When must project commence or, if construction has already begun, when did the project commence (interim and permanent solution)?

7. How long (days/months) will it take to complete the project? Include time to complete major project milestones. If the project is an interim solution, provide the timeframe for a permanent solution.

8. Identify and briefly describe any alternative solutions that were evaluated to address the emergency.

9. Is the proposed project the least costly option to address the "drought" emergency or "water quality impairment" emergency?

YES NO

10. Approximate number of people that will be served by the project:

11. Approximate amount of drinking water that will be provided by the project:

12. For projects located 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

G. ESTIMATED TOTAL PROJECT COST

1. Estimated total project cost: \$

2. Amount of emergency funds requested: \$

3. Amount of project funds from other sources: \$

H. OTHER FUNDING SOURCES

1. Has the applicant submitted an application to the State Water Resources Control Board's Safe Drinking Water Funding Program for a permanent solution?

YES NO

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

2. 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. _____ \$ _____

b. _____ \$ _____

K. 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