

## Safe and Affordable Funding for Equity and Resilience (SAFER) Advisory Group Application

The State Water Board seeks qualified applicants for the SAFER Drinking Water Program Advisory Group. Deadline to apply: **September 30, 2023**. For questions or help, contact [SAFER@waterboards.ca.gov](mailto:SAFER@waterboards.ca.gov) or (916) 445-5615.

- For emailed applications, send to [SAFER@waterboards.ca.gov](mailto:SAFER@waterboards.ca.gov) by **11:59 p.m.**
- For mailed applications, postmark by September 30, 2023, and send to:  
*State Water Resources Control Board  
 Attention: Office of Public Participation, SAFER Advisory Group Applications  
 1001 I Street, MS 13-A, Sacramento, CA 95814*

Applicant information:

<b>Name:</b>
<b>Mailing address:</b>
<b>City, State, Zip:</b>
<b>Phone:</b>
<b>Email:</b>
<b>Primary or preferred language:</b>
<b>Secondary language (if more than one language spoken; optional):</b>

Select the category for which you are applying (applicant may choose one or more, or indicate additional categories that apply to you):

**The Public**

**Public Water Systems**

Name of System	Your Title

**Technical Assistance Providers**

Name of Provider	Your Title

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**Local agencies**

Name of Agency	Your Title

**Non-governmental Organizations**

Name of Organization	Your Title

**Tribal Representative (select which applies):**

Tribal Government    Member of a Tribe    Tribal Water System    Tribal Non-governmental Organization (NGO)

Other   Explain Other: \_\_\_\_\_

Name of Tribe	Your Title/Role

**Residents served by community water systems in disadvantaged communities, state small water systems, and domestic wells (Resident).**

Name of Community	How long you have lived in this community?	Where do you receive your drinking water (private well, water system, etc.)?

Select additional categories for which you qualify (optional):

Public Water System    Technical Assistance    Local

Non-Governmental Organization    Resident

List organizations/individuals who support your application:

Name	Phone	Email

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Explain why you are interested in joining the SAFER Advisory Group: (500-character max)

What perspective can you bring to the SAFER Advisory Group? Are there any ideas or suggestions for the SAFER Program you would like to share? (500-character max)

I have read the [SAFER Advisory Group Charter](#) and understand the roles, responsibilities, and conflict of interest provisions associated with an appointment to the SAFER Advisory Group.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_