



C. What is the annual Median Household Income (MHI) of the communities served by the school(s)? Provide supporting documentation of MHI for communities served by each school as Attachment 3C. **INSTRUCTIONS FOR ALL ATTACHMENTS ARE AVAILABLE HERE: [Attachment Instructions](#)**

MHI: \_\_\_\_\_

D. What is the population of the DACs served by the school(s)? Provide supporting documentation of the population of the communities served by each school as Attachment 3D.

POPULATION: \_\_\_\_\_

**4. DRINKING WATER QUALITY**

A. Are the school(s) impacted by water quality impairment?

YES  NO (skip to Section 5)

If YES, describe in a few sentences the nature of the impairment to drinking water at the school(s), for example the contaminants and any Maximum Contaminant Level (MCL) exceedances. Submit supporting documentation as Attachment 4A.

B. Select proposed project type(s) (to address water quality impairment):

Water Bottle Filling Stations  Point of Use/Entry Devices  Hauled or Bottled Water

Drinking Fountains  Faucets & Other Fixtures  Other Treatment

C. List the names of all schools included in the funding request that are impacted by impaired water quality, as well as their CDE code (if known), and the number of students enrolled in each school by completing the template for Attachment 4C.

D. For water quality projects, provide information for the water systems serving the school(s) by completing the template for Attachment 4D.

**5. ACCESS TO SAFE DRINKING WATER**

A. Are the school(s) impacted by lack of access to drinking water?

YES  NO (skip to Section 6)

If YES, describe in a few sentences the nature of the impaired access to drinking water at the school(s). Submit supporting documentation of the impairment as Attachment 5A.

B. Select proposed project type(s):

Water Bottle Filling Stations  Drinking Fountains  Hauled or Bottled Water

Faucets & Other Fixtures  Other

C. List the names of all schools included in the funding request that are impacted by impaired access, as well as their CDE code (if known), and the number of students enrolled in each school by completing the template for Attachment 5C.

**6. DIVISION OF THE STATE ARCHITECT**

A. Division of State Architect (DSA) review and approval of plans and specifications may be required prior to commencing work on school property. Is the proposed project exempt from DSA review and approval?

YES  NO

If NO, submit any supporting documentation as Attachment 6A.

**7. TECHNICAL PROJECT DESCRIPTION**

A. Please list and describe major tasks for each proposed project.

B. Is the proposed project exempt from California Environmental Quality Act (CEQA)?

YES  NO

Please Explain.

C. List and briefly describe any permits and/or approvals that are necessary for implementation of the proposed project, and the current status of acquisition of those permits and/or approvals.

**8. BUDGET/COST BREAKDOWN**

A. For all projects, provide a budget/cost breakdown by completing the template for Attachment 8A.

**9. ESTIMATED SCHEDULE**

A. For all projects, provide an estimated schedule by completing the template for Attachment 9A.

**10. GOVERNING BOARD RESOLUTION**

A. Please see sample resolution and instructions. Draft or adopted resolutions should be submitted as Attachment 10A.

## 11. LIST OF ATTACHMENTS

For more information on any of the following attachments please refer to the [Attachment Instructions](#).

A. Have the following Attachments been completed?

YES  NO

- Attachment 3C:** MHI Supporting Documents
- Attachment 3D:** Population Supporting Documents
- Attachment 4A:** Impaired Drinking Water Quality Supporting Documents
- Attachment 4C:** Schools Information for Impaired Water Quality
- Attachment 4D:** Description of Water System (for projects addressing water quality only)
- Attachment 5A:** Access to Safe Drinking Water Supporting Documents
- Attachment 5C:** Schools Information for Impaired Access
- Attachment 6A:** Division of the State Architect
- Attachment 8A:** Budget/Cost Breakdown
- Attachment 9A:** Estimated Schedule
- Attachment 10A:** Governing Board Resolution

## 12. APPLICATION CERTIFICATION

A. By clicking the box below, you certify that you have read and understand the General Terms and Conditions in the [Grant Agreement Template](#).

I have read and understand the general terms and conditions in the Grant Agreement Template.

I certify 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.

**FOR INFORMATIONAL PURPOSES ONLY**

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

**FOR INFORMATIONAL PURPOSES ONLY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date