Checklist

| Small Community Groundwater Grant Program – Phase 2 Application Package Check List | | |
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| | General Information: Project Title: Enter the name of the project (should identify the project location or recipient, i.e., don't say "arsenic treatment") Project Director: Provide the name and details of person responsible for executing grant agreement for applicant Main Contact: Provide the name and details of the person who will be the primary point of contact for day-to-day activities that will be performed under this grant. Project Location: Latitude and Longitude: Enter values (For the project location information requested in this section, specify the latitude and longitude values that are representative of the project. For large areas of land, specify the mid-point of the area. County: Select name of County where project resides | |
| | Item 1: Detailed Project Description | Please provide a detailed description of the project and its components, including design plans and specifications if available. |
| | Item 2: Site Location Map | Please provide a detailed map of project site and the entire area to be served by the project. |
| | Item 3: Scope of Work | Please provide a detailed Scope of Work outlining each of the tasks that will be conducted as part of this project. This must be consistent with the project description submitted during the Pre-application process. |
| | <u>Item 4:</u> Project Schedule | Please provide a schedule indicating the beginning and ending dates for each task under this project |
| | <u>Item 5:</u> Line Item Budget | Please provide a Line Item budget for this project. [A template for the Line Item Budget is available on the SCGG Program website.] |
| | <u>Item 6:</u> Environmental Documentation | Please provide a copy of the draft California Environmental Quality Act (CEQA) document for this project. If the type of CEQA document that will be necessary for this project has not been determined, provide the status of CEQA compliance and evidence that any required public review process has been initiated, or a schedule for when it will be completed. |
| | <u>Item 7:</u> Description of groundwater basin | Please provide a description of the groundwater basin, including depth to groundwater, State well identification number(s) and well completion report(s) (well logs) for each contaminated well. |
| | Item 8: Board Resolution | Please provide a resolution from the applicant agency's Board of Directors authorizing the Project Director to enter into a grant agreement with the State Water Board. [A sample resolution is available on the SCGG Program website.] |
| | <u>Item 9:</u> Real Property Acquisition Status | If the project involves real property acquisition, provide documentation of the status of this acquisition, and any real property or right-of-way acquisitions that are necessary for the project to proceed. Special conditions may apply if the project involves acquisition of real property. |
| | Item 10: Department of Health Services Documentation | If the project involves treatment of contaminated groundwater, please provide documentation that the proposed treatment process has been approved by the Department of Health Services. |
| | Item 11: Identify any additional permit requirements | Identify all permits or approvals from federal, state, or local governmental agencies that will be necessary to implement this project, and provide the status of the applicant's progress toward obtaining the necessary permits. |
| | Item 12: Certification that treatment costs apply only to arsenic and nitrate | Applicants are required to certify that they understand that this program cannot fund installation of treatment processes to address contaminants other than arsenic and/or nitrate. If other treatment processes are included to treat other contaminants, the portion of the treatment cost for those processes must be paid for with other funds. |