

**Drinking Water for Schools Grant Program
Interest Form**

**Name of Local Educational Agency (LEA):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of LEA** (If multiple, list city District offices are located in)

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**Communities served by LEA** (Cities, towns, municipalities)**:**

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**Main Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your LEA serve a small disadvantaged community?**

 Yes No I don’t know

**Does your LEA serve a disadvantaged community?**

 Yes No I don’t know

**Percentage of students on free/reduced lunch program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does this LEA have impaired access to clean drinking water?**

 Yes No

**What are the water quality issues this LEA has, if any?**

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**How long have these issues been present?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there plans in place for a permanent solution to address these issues?**

 Yes No

**I am interested in** (please check all that apply)**:**

Finding out more about the grant (eligibility, eligible project types, funding availability, etc.)

Receiving Technical Assistance to identify needs, possible solutions, and apply for this grant

**Mail form to: Self-Help Enterprises, Attn: Vanessa Soto, 8445 W. Elowin Court, Visalia, CA 93291
Or email form to: VanessaS@selfhelpenterprises.org.**