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| **Drinking Water for Schools Round 2 Funding Application** | | | | | | | |
| **Agency Filing for sub-project:** | RCAC  SHE  School District | | | **Name and Date:** |  | | |
| **School District/ Local Education Agency (LEA):** |  | | | | | | |
| **School Name(s):** | **School Name 1:**  **School Name 2:**  **School Name 3:** | | | | | | |
| **School Contact Person and Contact Info:** | **Contact 1**  Name:  Phone Number:  Email Address:  **Contact 2**  Name:  Phone Number:  Email Address: | | | | | | |
| **Number of Students and Staff:** |  | | | | | | |
| **Water System Name:** |  | | | **Water System No.:** | |  | |
| **Water System Classification:** | Community Water System (CWS)  The water system (CWS) supports the POU/POE project  The water system (CWS) **Does Not** support the POU/POE project.  Please do not move forward with the project since the water system needs to administer the POU program for schools. We may need to switch to bottled water program.  Non-Transient Non-Community (NTNC) | | | | | | |
| **Population:** |  | | | **MHI and Source:** | | List reference i.e. 2017 ACS | |
| **DAC:** | small DAC  DAC | | | **Work Completion Date:** | | Cannot go pass 3-31-2023 | |
| **County:** |  | | | **Regional Quality Control Board** | | Region # | |
| **Type of Proposed Project:** | POU  POE  Fixture Replacement  Bottled Water  Hauled Water  Fountains new install/replacement | | | | | | |
| **Division of Drinking Water (DDW) District Engineer and LPA if applicable:** |  | | | **DDW Support of Proposed Project:** | | Yes  No | |
| **Funding Priority:** | **School Name:**  Priority 1: small DAC + WQ  Priority 2: DAC + WQ  **School Name:**  Priority 1: small DAC + WQ  Priority 2: DAC + WQ  **School Name:**  Priority 1: small DAC + WQ  Priority 2: DAC + WQ | | | | | | |
| **Description of Existing System:** | | | | | | | |
| **Description of Problem:**  **WATER QUALITY**  **Does the Project address any of the following contaminant(s) of concern that have concentrations in exceedance of the Maximum Contaminant Level or Notification Level?**  YES  NO  (If Yes, check which one(s) below; If No, explain how the Project meets the definition of “contamination” per the GWGP Guidelines)  Nitrate [MCL: 10 mg/L as nitrogen, N]  Perchlorate [MCL: 0.006 mg/L]  1,2,3 Trichloropropane (1,2,3 TCP) [MCL: 5x10-6 mg/L]  Arsenic [MCL: 0.010 mg/L]  Gross Alpha [MCL: 15 pCi/L]  Uranium [MCL: 20 pCi/L] Other. Please specify below.  **Describe the current concentration or range of contaminant or attach:**  Click here to enter text.  (e.g., Enforcement Actions by DDW, LPA, EPA. Out of compliance based on what data, confirmed by regulator?). | | | | | | | |
| **Description of Proposed Interim Solution:**   * Number of POU’s * Number of POE’s * Number of fountains to sample * Number of possible fixture replacements * Will LEA need TA during implementation * DSA review required or exempt? | | | | | | | |
| **Bottled Water cost estimate versus POU/POE:**  (1/4 gallon per student per school day max) for each school  **i.e. [0.25 \* # of students \* # of School Days]** | | | | | | | |
| **Proposed Long-Term Solution and Expected Completion Date, if applicable:** | | | | | | | |
| **Is the sub-project consistent with the CEQA exemption(s) listed here:**  Yes  No | | * Article 18, Section 15269(c) specific actions necessary to prevent or mitigate an emergency, are exempt from CEQA. * Article 19, Section 15301 Class 1-Operation, repair, maintenance and/or minor alteration of an existing structure * Article 19, Section 15303 Class 3-Construction or remodification of a limited number of new or existing small structures | | | | | |
| **Recommended Funding Amount $:** (Maximum per school $100k and per entity $1M) | | **School Name 1: $**  **School Name 2: $**  **School Name 3: $**  **Total Amount: $** | | | | | |
|  | **1.Planning/Design/Engineering/Environmental:** | | | | | | $ |
| **2.Construction/Implementation:** | | | | | | $ |
| **3.Monitoring/Performance:** | | | | | | $ |
| **Number of Units (POU) estimated with budget:** |  | | **Number of Units (POE) estimated with budget:** | | | |  |
| Required Attachments:  Budget Spreadsheet  Campus Map with relevant information  Property Ownership Form signed by LEA | | | | | | | |
| **FOR DFA STAFF ONLY:** | | | | | | | |
| **DFA Staff Recommendation(s):** | DFA staff has reviewed and approves the project as described above.  Approved  Denied  Partial Approval (see below)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DFA, Project Manager  Comments: | | | | | | |
| **Partial Approval Comments:**  N/A | * List schools being approved and denied based on priority * New proposed award amount * other | | | | | | |
| **Special Condition(s):** | * These funds can be cancelled if progress toward the long-term solution is deemed inadequate. * The bottled water funding will cease prior to the work completion date if a long-term solution or other interim solution is implemented. | | | | | | |