Source Water Protection Grant Application

Idaho Department of Environmental Quality

Tuesday - March 20, 2012

[Print]

Local Project Example Application

*Project Name: _____

Project Summary: (3-4 sentence description of the project)
There is an opportunity to provide a more detailed description of your project later in the application.

_____

Project Sponsor

*Organization Name: _____

Organization Address: _____

Zip: _____ **City:** _____ **State:** _____

*Organization Phone: _____

Organization Fax: _____

*Organization Email: _____

*Confirm Email Address: _____

Identification Numbers

*Federal Tax ID#: _____ **DUNS #** _____ What is a DUNS Number

*Liability Ins. Policy #: _____ ***Expiration Date:** _____

Workers Comp Policy #: _____ **Expiration Date:** _____

Project Manager

Name: _____

Job Title: _____

Address: _____

Zip: _____ **City:** _____ **State:** _____

Phone: _____

Email: _____

Person with Signature Authority

Name: _____

Job Title: _____

Address: _____

Zip: _____ **City:** _____ **State:** _____

Phone: _____

Email: _____

Project Physical Location

*Project specific to one PWS? [▼]

*County: [   ]

PWS ID: [   ]

Latitude: [   ]

Longitude: [   ]

Project Location: [   ]

Source Water Information

Source Water Type: ☐ **Ground Water**

☐ **Springs**

☐ **Surface Water**

Population/PWS Information

Does the PWS system serve a population of less than 3,300?

○ yes

○ no

Is the applicant a PWS? (Public Water System)

○ yes

○ no

Is the PWS a member of IDWARN?   IDWARN

○ yes

○ no

Does the PWS in the project area support the project?

○ yes

○ no

Whom can we contact from the PWS to confirm? (Please provide contact information.)

[   ]

Drinking Water Source Protection Plan

Does the project consist of or fulfill some component of a Drinking Water Source Protection Plan (DWSPP), and/or DWSPP that is currently being developed?

○ yes

○ no

Is the Drinking Water Source Protection Plan currently certified, recertified or in the process of being recertified?

○ yes

○ no

Please provide the Certified Drinking Water Protection Program/Plan name in the text box below and describe how the project fits into the overall effort.

Drinking Water Protection Program/Plan: View List of Certified DWSPP Plans

Description:

Sanitary Survey Deficiencies

Did the system have any significant deficiencies specific to the water source identified in the last sanitary survey?

     ○ yes

     ○ no

Have all the identified significant deficiencies specific to the water source in the last sanitary survey been corrected?

     ○ yes

     ○ no

Is the system in compliance with the time frames with in the DEQ approved correction action plan? Or does this project address any of these deficiencies?

     ○ yes

     ○ no

Potential Contaminants

Please provide a detailed description of your project.

What are the existing and potential contamination sources that may impact the drinking water source? Please list the specific contaminants of concern that are impacting or may potentially impact the drinking water source, (i.e. bacteria, nitrates) and the sources of this contamination (i.e. underground storage tanks, fertilizer application).

Does the project address existing contamination sources?

     ○ yes

     ○ no

How does this project address *existing* contamination source(s)?

Does the project address potential contamination sources?

     ○ yes

     ○ no

How does this project address *potential* contamination source(s)?

Does the project address existing or potential contamination sources within 500 feet of the well(s), spring collection box (es), or within 1 mile of the intake?

     ○ yes

     ○ no

Project Description

Explain why this project is important to drinking water source protection.

What specific outcomes from this project are expected?

Explain how this project is unique or different than work done in existing programs in your organization.

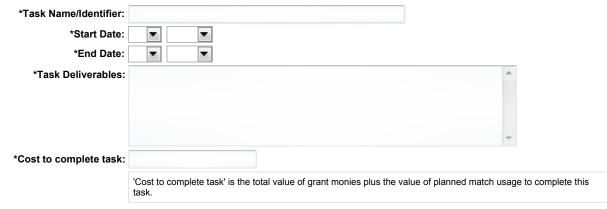**Work Plan - Task Calendar Entry**

Task Calendar Directions   - minimize directions -

The form and "Task Calendar" below are designed to help track the many tasks your project may require.   Entries in this form are saved in the "Task Calendar" below.   To add a task to the calendar, simply fill out the form here and click "Save this Task". You will know your task has been successfully saved when it appears in the "Task Calendar".   Task entries are unlimited and you may add as many tasks as your project may require.

Once a task has been saved, it may be edited or removed simply by clicking on the "Details" section of the task where it is listed in the "Task Calendar".   When you click a task's "Details" link where listed on the calendar, all the task information will be retrieved and entered back into the task form found here.   From there, you may make any desired changes. To save those changes, you will need to click the link "Save Task Edits" that will appear when you start editing a task.

Special Note: Project lifespans are limited to 2 years. Projects with tasks that span more than a 2 year period will not be approved. Please verify that your ealiest starting task and latest ending task fall within the two year project duration maixmum.
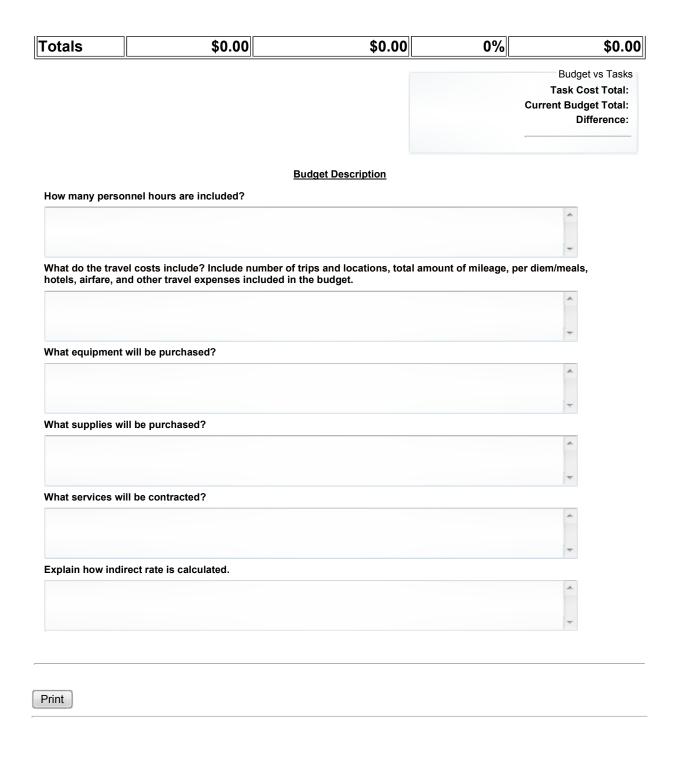
*Task Name/Identifier:

*Start Date:

*End Date:

*Task Deliverables:

*Cost to complete task:

'Cost to complete task' is the total value of grant monies plus the value of planned match usage to complete this task.

Save Task   (Tasks not appearing below have not been saved. - Multiple entries are allowed.)

Task Calendar/Work Plan - Sorted By Start Date

Total:

Preliminary Budget

	DEQ Funding Amount	Your Matching Contribution	% Match of Total	Total Budgeted Amount
Personnel	$	$	0%	$0.00
Fringe Benefits	$	$	0%	$0.00
Travel	$	$	0%	$0.00
Equipment	$	$	0%	$0.00
Supplies	$	$	0%	$0.00
Contractual	$	$	0%	$0.00
Other	$	$	0%	$0.00
Total Direct	$0.00	$0.00	0%	$0.00
Total Indirect	$	$	0%	$0.00

Totals	$0.00	$0.00	0%	$0.00

Budget vs Tasks
Task Cost Total:
Current Budget Total:
Difference:

Budget Description

How many personnel hours are included?

What do the travel costs include? Include number of trips and locations, total amount of mileage, per diem/meals, hotels, airfare, and other travel expenses included in the budget.

What equipment will be purchased?

What supplies will be purchased?

What services will be contracted?

Explain how indirect rate is calculated.

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