



State Fiscal Year 2024 Source Water Protection Grant Non-Public Water Supply Applicants

*This form is for applicants that are not regulated by DEQ or an Idaho health district such as associations, non-profit organizations, or educational institutions.

Date

1. Project Title/Name

2. Applicant Information

Organization Name

Organization Address

(Street Address or PO Box, City, State, Zip Code)

Organization Phone Number

Ext.

Organization Email Address

Federal Tax ID Number

UEI Number

(Please refer to [SAM.gov](https://sam.gov) to find or apply for a Unique Entity ID number. NOTE: This 12-digit UEI replaces the DUNS number)

Liability Insurance Policy, Provider Number, and Expiration Date

Number

Expires

Workers Comp Insurance Provider, Policy Number, and Expiration Date

Number

Expires

Month and Day of Fiscal Year End

3. Person with Signature Authority

Name

Title

Address

Phone

Ext.

Email

4. Project Contact (If different from Signature Authority)

Name

Title

Address

Phone

Ext.

Email

5. Project Description

Provide a detailed description of the project.

Identify how the project is protective of the drinking water source.

What specific outcomes are expected from this project?

Describe the applicant's ability to complete this project (skills, personnel, resources, timeframe, etc.).

6. Project Location

Describe your project area or location, and/or attach a map of the project area.

7. Contaminant Sources – How are Existing and Potential Sources Addressed?

Does the project address existing contamination sources? If so, what are the existing sources and how does the project address these sources?

Which potential contaminants and sources of these contaminants exist within 500 feet of the well(s) or spring; or within 1 mile of a surface water intake? Does the project address these potential contaminants? If so, please identify which ones.

8. Project Support

Do the public water systems (PWS) in the project area support the project? List the PWSs name and ID Number in the project area, and identify which PWSs are in support of the project. In addition, please provide a letter of support, or the PWSs' contact information to confirm.

List other organizations, jurisdictions, or partners that support the project and provide a letter of support or contact information to confirm.

9. Work Plan Tasks and Schedule

List each task below. Provide the task name, description, start and end dates, deliverables, and budget requested. *Applications requiring a contractor (i.e., well abandonment and fencing) must include at least one project bid with the application. Attach additional sheets as needed.*

(Cells that automatically fill and calculate have a red border and are not modifiable)

Task 1	Start Date	End Date
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Deliverables:

Cost and Items Budgeted for Task 1			
Item	DEQ Cost	Match Contribution	Total Cost

Task 2	Start Date	End Date
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Deliverables:

Cost and Items Budgeted for Task 2

Item	DEQ Cost	Match Contribution	Total Cost
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Task 3 **Start Date** **End Date**

Deliverables:

Cost and Items Budgeted for Task 3

Item	DEQ Cost	Match Contribution	Total Cost
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10. Budget

Complete the table below. Estimate the total cost of your project.

(Cells that automatically fill and calculate have a red border and are not modifiable)

Item	DEQ Funding Amount	Matching Contribution ^a	% Match of Total ^b	Total Budget
Personnel				
Fringe Benefits				
Travel				
Equipment				
Supplies				
Contractual				
Other (indicate in budget summary)				
Total Direct				
Total In-direct ^c				
Totals				

a. Match may be cash or in-kind and must be provided during the grant award year. Points are awarded to applications that provide matching funds.

b. Match percentage is calculated as a percentage of DEQ's funding amounts.

c. Entities with a federally approved indirect rate must submit a copy of their federally approved rate prior to final award. Entities without a federally approved indirect rate will need to meet federal guidelines of a 10% de minimus indirect rate. Indirect rates budgeted that do not meet these guidelines will be adjusted prior to final award. Note: This table provides estimated budget amounts. If your project is selected for funding, a more detailed budget may be required.

Budget Category Definitions	
Personnel	Salary and wages
Fringe Benefits	Employee benefit compensation including insurance, workers compensation, retirement, and other fringe benefit costs (does not include salaries that are included in personnel costs)
Travel	Travel expenses including mileage, lodging, meals, etc.
Equipment	Tangible items with a useful life of more than 1 year or a useful life beyond the project, including computers, copy machines, lab equipment, etc.
Supplies	Materials and items used solely for the project and/or does not have a useful life beyond the project, including paper, office supplies, project materials (e.g., fencing materials), etc.
Contractual	Cost for subcontracts
Other	Items not identified in any other budget category. List "other" expenses in the budget narrative if you wish to use this budget line.
Total Direct	A "direct cost" is an expense completely attributed to the production of a specific good or service and is not incurred for joint purposes within the organization. Direct expenses can be traced to a specific product, service, customer, or project. Examples of direct costs include direct labor/personnel not related to administration, equipment, and supplies.
Total Indirect	Indirect costs, or overhead costs, are costs incurred for a common or joint purpose within the organization. Indirect costs benefit more than one cost objective or project and are not easily allocated to a specific cost objective or project as a direct expense. Typical indirect costs include, but are not limited to, salaries and wages of administrative staff, building maintenance and utilities, basic shared office supplies, rent, cell phones, etc.

11. Budget Details

Provide a description of the budget request that includes the following:

Personnel Hours	
Travel Costs, including the number of trips and locations, total amount of mileage, per diem/meals, hotels, airfare, and other travel expenses included in the budget.	
Equipment Needs	
Supply Needs	
Contracted Services	
Other Needs	
Indirect Rate Calculation(s)	
Matching Contributions	
Match Provided (cash, in-kind)	

Signed by Signature Authority

APPLICATION DEADLINE: July 15, 2023

Applications must be received by email or postmarked by July 15, 2023 to be considered for funding.

Applications can be submitted through email or mail to:

**Idaho Department of Environmental Quality
Attn: Curtis Cooper - Source Water Program Coordinator
1410 N. Hilton
Boise, Idaho 83706
(208) 373-0249
IdahoSourceWater@deq.idaho.gov**