# Appendix A—Application Worksheet

**2022 DWSRF**

**Consolidation Feasibility Study Grant**

**Application Worksheet**

It is important that you read and understand the 2022 DWSRF Consolidation Grant Guidelines before you complete this application worksheet and enter information into the DWSRF online application, WALT. Fields marked with an \* are required fields. Submittals must be received online by June 30, 2022. We are holding a Question and Answer webinar on June 15, 2022, from 10:00 a.m. until noon.

To participate you can join the meeting from your computer, tablet, or smartphone on June 15 by clicking on the following link: [attendee.gotowebinar.com/register/534277289310854658](https://attendee.gotowebinar.com/register/534277289310854658)

Submit questions in writing prior to the webinar to [dwsrf@doh.wa.gov](mailto:dwsrf@doh.wa.gov).

|  |  |  |
| --- | --- | --- |
| Registration - Organization Information | | |
| \*Applicant Organization | | |
| \*Address 1 | | |
| Address 2 | | |
| **\*City** | **State** | **\*Zip Code +4** ([Link to USPS Zip Code Lookup](https://tools.usps.com/go/ZipLookupAction!input.action)) |
| \*County | | **\*Phone Number** |
| **\*Email** | **\*Federal Tax ID #** | **Organization Website Address** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Registration - Contact Information | | | | |
| \*First Name | | **\*Last Name** | | |
| \*Phone Number | | **\*Email** | | |
| Address 1 | | **Address 2** | | |
| **\*City** | **State** | | **\*Zip Code +4** ([Link to USPS Zip Code Lookup](https://tools.usps.com/go/ZipLookupAction!input.action)) | |
| **Applicant Organization Information** | | | | |
| **\*Water System Name:** | | | | **\*Water System ID#:** |
| **\*Unique Entity Identifier (UEI) #:** | | | | **\*Statewide Vendor #:** |
| \*Central Contractor Registration (CCR) Expiration Date: Click here to enter a date. | | | | **\*UBI#:** |

|  |  |  |
| --- | --- | --- |
| **Initial Eligibility** | | |
| ATTENTION: Answering NO to any of the following questions or not providing documents requested will make you ineligible. *Please contact your regional planner or engineer if you have questions.*\*Is the applicant a Group A not-for-profit community water system, county, city, public utility district, or water district?YES NO\*Is the water system being consolidated a Group A water system, serving fewer than 10,000 people?YES NO **\*Is there a letter(s) of support and commitment, interlocal agreement, or equivalent documentation to demonstrate commitment to participate in the project,** describes roles and responsibilities of each party, and participate in a community public meeting,  **Commitments or agreements are required for all project participants.** YES NO \*Upload/attach documentation letter of commitment. | | |
| Project Information | | |
| **\*Project Name:** | | |
| \*Brief Project Description (Max 500 Words): | | |
| \*Legislative District (1-49): | \*Congressional District (1-10): | **\*Project County** |
| Description of the level of interest and expected level of participation of each public water system  participating in the proposed consolidation activity. | | |
| Description of the final outcome of consolidation activities if the proposed activities and objectives were actually implemented and achieved. | | |
| \*Does this project address a compliance issue in a department issued correspondence?YES NO **\*If YES, what issue(s)?**  Compliance Order  Boil Water Advisory  Sanitary Survey Finding  Other  **\*If Other, please describe.**    ***\*Upload Department Issued Compliance Document(s).*** | | |

|  |
| --- |
| **\*Exceeding a maximum contaminant level (MCL), secondary MCL, or action level or within 80% of nitrate or arsenic MCL?** YES NO **\*If YES, what type of contaminant(s)?**  Arsenic (As)  Copper (Cu)  Iron (Fe)  Manganese (Mn)  Lead (Pb)  Nitrate (as N)  Disinfection by-products  Radionuclides  Organic chemicals  Total Coliform  PFAS compounds (PFOA, PFOS, PFHxS, PFNA, PFBS)  Other  **\*If Other, please describe:** |
| **\*Treatment technique issue?** YES NO **\*If YES, select rule(s):**  Ground Water Rule  Revised Total Coliform Rule  Surface Water Treatment Rule  Other  **\*If other treatment technique issues, please describe:** |

|  |
| --- |
| **\*Water system planning status?**  **\*Select one:**  WSP is approved by DOH and has not expired  WSP was approved by DOH, but is expired  SWSMP approved by DOH  no current planning document  Other  **\*If other, please describe:** |
| **\*Type of consolidation activity?**  **\*Select all that apply:**  Feasibility Study  Connection Fee  Rate Study  Income Survey  Planning document  Other (legal, hydrogeologist, water right review, etc.)  **\*If other, please describe:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **List the system(s) participating in this project.**  **If uncertain, check** [**Sentry Internet**](https://fortress.wa.gov/doh/eh/portal/odw/si/Intro.aspx)**.** | |  | | Name: | PWSID #: | | | Name: | PWSID #: | | | Name: | PWSID #: | | | Name: | PWSID #: | | | Name: | PWSID #: | | | Name: | PWSID #: | | | Name: | PWSID #: | | | Name: | PWSID #: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Financial Information | | | | |
| **\*Project Budget (Enter date and amount for each activity included in your budget. If not listed, add below.)** | | | | |
| **Activity** | | **Date (Estimated)** | **Loan Request (Costs)**  **Amount** | |
| Engineering Report (preliminary engineering) | | Click here to enter a date. |  | |
| Environmental Review | | Click here to enter a date. |  | |
| Cultural Review | | Click here to enter a date. |  | |
| Land/Right-of-Way Acquisition | | Click here to enter a date. |  | |
| Permits | | Click here to enter a date. |  | |
| Public Involvement/Information | | Click here to enter a date. |  | |
| Bid Documents (design engineering) | | Click here to enter a date. |  | |
| DOH Review/Approval Fees | | Click here to enter a date. |  | |
| WSP/SWSMP/Amendment | | Click here to enter a date. |  | |
| Feasibility Study | | Click here to enter a date. |  | |
| Connection Fees | | Click here to enter a date. |  | |
| Income Survey | | Click here to enter a date. |  | |
|  | | | **Subtotal** |  |
| Other (describe): | | Click here to enter a date. |  |  |
| Other (describe): | | Click here to enter a date. |  |  |
| **Subtotal** | | | |  |
| **Funding Request Total** | | | |  |
| **\*Attachment Checklist:**  Other | **Other Documentation Comments:** | | | |