VIRGINIA DEPARTMENT OF HEALTH (VDH)
OFFICE OF DRINKING WATER (ODW)
FINANCIAL AND CONSTRUCTION ASSISTANCE PROGRAMS (FCAP)

RETURN APPLICATION TO:
Virginia Department of Health
Office of Drinking Water
109 Governor Street, 6th Floor
Richmond, VA 23219
(Voice: 804-864-7501)
(FAX: 804-864-7521)

Note: Submit two complete and signed applications and two copies of all required attachments

APPLICATION FOR PLANNING/DESIGN GRANTS

Application also available at: *http://www.vdh.virginia.gov/odw/financial/dwfundingprogramdetails.htm*

Year-Round Submittals Accepted

PRE-REQUIREMENTS FOR APPLYING

If you checked any boxes in Column B; **STOP** as you are not eligible/ not ready to apply for funds. Col. A Col. B

1. Have you been debarred or suspended from applying for state or federal funds? ☐ No ☐ Yes.
2. Is your waterworks state or federally owned? ☐ No ☐ Yes.
3. Are you (or will you become) a community waterworks? ☐ Yes ☐ No.
4. Is the population served by the waterworks is less than 10,000 persons? ☐ Yes ☐ No.
5. Do you have documented evidence of non-compliance with: primary drinking water standards, Waterworks Regulations, or other health protection objectives of the SDWA? ☐ Yes ☐ No.
6. Are you providing documentation that controlling board, council, president, etc. has approved this submittal? ☐ Yes ☐ No.
7. Expenses already incurred, construction expenses, administrative and legal fees have been excluded from this application? ☐ Yes ☐ No.

PRELIMINARY QUESTIONS

1. What is the average real water loss for this water system (percent)? _____%
   Please provide all supporting information and calculations used to derive this estimated water loss.
2. Is water loss evaluation included in this planning/design grant application? ☐ Yes ☐ No
3. Project Application Category:
   - ☐ Source.
   - ☐ Treatment.
   - ☐ Storage/Distribution.

Reminders:

Submit all attachments, documentations, and necessary forms. VDH will consider up to three applications submitted through the Planning and Design Grant Application process in any funding year. However, due to the significant number of applicants, grant offers will be limited to a maximum of two grants per Public Water System Identification Number per funding year. These funds are intended to assist waterworks owners with future submittals for construction funds. As such planning grant scope shall not be broken into smaller, separate projects for the same single distribution system.

All recipients must comply with the Virginia Public Procurement Act, our program requirements, and procurement procedural guidelines. Eligibility for grant assistance is increased when other participants and funding sources are documented as being available.

SECTION A – PROJECT, ORGANIZATIONAL, AND CONTACT INFORMATION

1. Project Name: _____ Location (City/County _____
2. Waterworks type:
   - ☐ Publically-owned community PWS ID number: _____ System Name: _____
   - ☐ Investor-owned community PWS ID number: _____ System Name: _____
   - ☐ Nonprofit noncommunity PWS ID number: _____ System Name: _____
   - ☐ None of the above Explanation: _____
3. Legal Owner of Waterworks or Authorized Agent
   - a. Name: _____
   - b. Address: _____ _____ _____ _____
     Street Address/P.O. Box *Town/City* *State* *ZIP*
   - c. Contact Person: _____
   - d. Telephone: _____ Alternate Number: _____
   - e. FAX Number: _____ E-mail Address: _____
   - f. Federal DUNS #:_____
4. Engineering Consultant (If applicable)
   - a. Firm Name: _____
   - b. Address: _____ _____ _____ _____
     Street Address/P.O. Box *Town/City* *State* *ZIP*
   - c. Preferred Contact Info:

     Contact Person: _____
     Name *Title*

     Telephone Number: _____ Alternate Number: _____

     E-mail Address: _____ Alternate E-mail Address: _____

     FAX Number: _____

SECTION B – APPLICATION CERTIFICATION

Submittal of this application is only a starting point for discussion and is not a binding agreement on either party.

Incomplete information may result in the delay or rejection of the application request.

The undersigned representative of the applicant certifies that the information contained herein and the attached statements and exhibits are true, correct, and complete to the best of their knowledge and belief. The undersigned agrees to clarify or supplement information pertaining to this application upon request. The undersigned recognizes that the information contained herein may be subject to state Freedom of Information Act requirements. **The undersigned acknowledges that a part of any interest required on a closed loan can be used by VDH to support the drinking water program.**

Owner or Chief Administrative Officer of Waterworks:

NAME and TITLE: _____

ORGANIZATION: _____

SIGNATURE : _____ DATE: _____

SECTION C - PROPOSED FINANCING (ALL APPLICANTS)

1. Funding

   a. VDH Assistance Needed $_____ - Provide a detailed estimate preferably completed by an Engineer.

   b. Other Funds Available: – **Provide Documentation**

		Source Dollars	Source Name	Status of Securing Other Funding (Approved, pending, indicate loan terms, date available, etc.)
1	a. grant	_____	_____	_____
	b. loan	_____	_____	_____
2	a. grant	_____	_____	_____
	b. loan	_____	_____	_____
3	a. grant	_____	_____	_____
	b. loan	_____	_____	_____

   Subtotal: _____

   c. Total Project Cost (1a + 1b) = **$ _____**

SECTION D – PLANNING/DESIGN GRANT ISSUES

1. Health Issues

   a. Is there a Health Hazard declaration by the State Health Commissioner? ☐ Yes. ☐ No.

   b. Is there a *Surface Water Treatment Rule* violation, i.e., inadequately treated surface water or groundwater under the influence of surface water? ☐ Yes. ☐ No.

   c. Are there persistent *Total Coliform Rule* or *Nitrate* standard violations? ☐ Yes. ☐ No.

   d. Is there a continuing *Boil Water Notice*? ☐ Yes. ☐ No.

   e. Are there inadequate individual water supplies documented by the District Health Director or the Planning District Commission? **Please attach explanation and provide documentation.** ☐ Yes. ☐ No.

   f. Are there persistent PMCL violations for contaminants such as VOC, SOC, IOC, RAD etc.? ☐ Yes. ☐ No.

   g. Are there Lead and Copper Action Levels Exceedances? ☐ Yes. ☐ No.

   h. Does the waterworks have an EPA Enforcement Targeting Tool (ETT) score ≥11? ☐ Yes. ☐ No.

   i. Will the project resolve conditions of inadequate quality and quantity of a groundwater source water supply? ☐ Yes. ☐ No.

   j. Will the project ensure that drinking water receives appropriate treatment to protect the health of the consumers? ☐ Yes. ☐ No.

   k. Will the project prevent conditions favoring the entrance of contaminants into the distribution system, e.g., inadequate pressure, inadequate storage, system water losses, etc. ☐ Yes. ☐ No.

   l. Regionalization – Will this project result in consolidation of one or more non-complying waterworks? One or more complying waterworks? Explain and document below or on an attachment. ☐ Yes. ☐ No.

   Please provide documentation/explanation.

   _____

   _____

   _____

   _____

SECTION E -STATISTICAL DATA

> Use the census block or latest update for county/city/towns. Provide project specific income survey data for those projects not large enough to be identifiable via census information.

1. Median Household Annual Income of area to be served _____
   Provide Documentation; Basis/Referenced Source:

2. Users: - Please Document
   a. Existing number of total connections: _____ and population _____.
   b. Existing number of total residential connections _____ and population _____.
   c. Projected number of residential connections after project _____ and population _____.
   d. Projected total connections of the project _____ and population _____.
   e. User agreements obtained _____; _____ residential, _____ other.

3. Individual water meters:
   - ☐ On all services
   - ☐ Only commercial accounts
   - ☐ Only residential customers
   - ☐ None are metered. If none are metered, is metering included in this project?____yes ___no

   Explanatory statement, if appropriate:

   _____
   _____
   _____

4. Rates: Existing monthly charges (explain here or attach rate schedule):

   _____
   _____
   _____
   _____

   When were rates last increased? Please describe the adjustment.

   _____
   _____
   _____

5. What is your connection fee for water?

   _____

SECTION F – ACTIVITY DESCRIPTION AND BEGIN AND END DATES

Please provide a detailed description including a breakout of necessary activities for VDH funding and each activities individual cost. Use the attached Exhibit A to submit this. Provide a beginning and end date for each activity, if applicable, for the proposed activities.

Leak Detection Projects:

Exhibit A

Project Description: description of the water loss problems the system is encountering and the impacts of these losses on the system; has a distribution system survey or system mapping been performed (to include type and estimated age of the pipe material); has a water audit been performed to estimate losses (if not, please explain how water losses are estimated); are there suspected leak locations already identified; and has any previous leak detection work been performed on this system.

Project Budget, please have a separate line item under "Activity" and "Estimated Cost" for Leak Detection.

EXHIBIT A

PROJECT DESCRIPTION, BUDGET & SCHEDULE

Grantee: _____ Grant Number: PG - _____

Project: _____

Please provide a description of the activity associated with this project.

The following budget should reflect all grant eligible costs associated with the project.

ACTIVITY	ESTIMATED COST	START DATE	PROJECTED COMPLETION DATE
TOTAL =	$_____	**(VDH grant funding will not exceed $_____. The owner will provide or obtain needed funds to fully complete this planning activity.)**	

VDH reserves the right to bypass the planning grant and withdraw funding if the above schedule is not met