

**APPLICATION INSTRUCTIONS:**

Applicant’s name (municipality, CWS system name): Click or tap here to enter text.

Public Water System ID: Click or tap here to enter text.

Federal Tax ID: Click or tap here to enter text.

Duns/Bradstreet #: Click or tap here to enter text.

Congressional district: Click or tap here to enter text.

Project lead full legal name: Click or tap here to enter text.

Address (street, city, State, zip): Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Use the table below to provide documentation of a ‘Strategy In Place’. Include the URL where the document can be reviewed, the name of the document and the location (i.e. page #s) of applicable narrative. (public url or fileshare link) *If you do not have a url or fileshare link please attach pertinent SIP documents to form.*

|  |  |
| --- | --- |
| **SIP Reference 1** | |
| **URL**  **Address** |  |
| **Document**  **Name** |  |
| **Applicable**  **Narrative** |  |
| **Recommended actions implemented by project** |  |
| **SIP Reference 2** | |
| **URL**  **Address** |  |
| **Document**  **Name** |  |
| **Applicable**  **Narrative** |  |
| **Recommended actions implemented by project** |  |

*Funding will be limited to localities with a protection 'Strategy in Place' and an active ‘Local Advisory Committee,’ as described at:* [SWPP Definitions](https://www.vdh.virginia.gov/content/uploads/sites/14/2016/04/2014VDH_SWPP_Definitions.pdf)

**Background Information**

Brief summary previous protection activities completed.

Click or tap here to enter text.

**Scope of Work**

The goal of the project should be supported by the SIP documentation. Each activity or task should be numbered.

If seeking partial funding- Number tasks in order of priority

If seeking full funding- List in order of intended completion

Develop a Scope of Work that can reasonably be expected to be completed no later than June 12, 2025. Final invoice and reports are due on June 31, 2025.

Include a breakdown of protection activities or tasks associated with the project and a narrative description of each.

Click or tap here to enter text.

Include the groups or organizations cooperating or involved in the project and a description of their participation and/or contributions.

Click or tap here to enter text.

Identify the specific results and benefits gained from the successful completion of the project.

Click or tap here to enter text.

**Project Timeline**

List major steps, milestones and expected completion dates for the tasks listed in the Scope of Work. Use relative dates (e.g., 6 months) rather than an absolute date. Use the same task names and numbering scheme as in the Scope of Work.

|  |  |
| --- | --- |
| Task | Timeline |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Budget Summary**

Identify the major project financial components and detail expenditures in accordance with the following budget line items.

Click or tap here to enter text.

What are the funding needs for each individual task?

Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Cost** | **Cost per connection**  Provide the quotient of grant award requested from VDH divided by number of connections served by impacted well(s). |
|  |  |  |
|  |  |  |
|  |  |  |

**Salaries** – hourly or annual rate of staff and estimated time commitment. This should not include contractual staff.

**Fringe Benefits** – please provide the percentage used for fringe benefits, the basis for its computation, and the types of benefits included.

**Supplies** – itemize individually

**Travel** – mileage traveled and other costs including lodging and meals. Travel expense reimbursement is based on the **State Travel Regulations**, Topic 20335, in the Commonwealth Accounting Policies and Procedures (**CAPP**) manual published by the Virginia Department of Accounts (**DOA**).

**Contractual** – percentage of award that will be allocated to contractor or consultant. If a contractor or consultant is utilized, selection shall be made following procurement rules established by the municipality.

**Match** – while matching funds are not a requirement for award, if the municipality is supporting this effort with their own funds please identify the source, amount and percentage of funds from other sources than this grant (based on total project cost).

*NOTE:*

*Indirect costs will not be funded. Costs incurred in preparation and submission of the application are not eligible.*

*The budget summary should identify the major project financial components and detail expenditures*

*No portion of the Scope of Work shall be subcontracted without clearly stating this intent in the documentation submitted as part of the application, otherwise written consent from the Department is required. The Grantee shall, however, remain fully liable and responsible for the work to be done by its subcontractor(s) and shall ensure compliance with all requirements of the Contract. The Grantee shall comply with all applicable provisions of the Virginia Public Procurement Act in making such awards.*

**Evaluation questions:**

Please answer the following questions.

1. **Applicability to SIP and results (10pts. max.)**

* How does the project relate to the documented ‘Strategy In Place’?

Click or tap here to enter text.

* What impact will this project have on water quality or reliability?

Click or tap here to enter text.

1. **Overall project costs (10 pts. max.)**

The application must demonstrate the costs are related to expected benefits.

* How do the benefits justify the project costs?

Click or tap here to enter text.

1. **Probability of success (5 pts. max.)**

* Is the implementation timeline reasonable for the utility?

Click or tap here to enter text.

* Describe briefly your history of success with similar projects.

Click or tap here to enter text.

* Describe briefly how your contingency strategy ensures success.

Click or tap here to enter text.

1. **Local support, visibility, and sustained involvement (5 pts. max.)**

* Does the waterworks have a Local Advisory Committee (LAC)?

Click or tap here to enter text.

* How often does the LAC meet?

Click or tap here to enter text.

* What was the LAC’s role in decision making?

Click or tap here to enter text.

* How does the project positively impact public engagement and consumer confidence in their water system?

Click or tap here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signatures of Support | | | | |
| Name | **Title** | **Relevant Role I the project (ex. SWCP member, project manager, waterworks administrator)** | **Signature** | **Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |