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| **Drinking Water for Schools Round 2 Funding Application for**  **Water Access Improvements ONLY** | | | | | | | |
| **Agency Filing for sub-project:** | RCAC  SHE  School District | | | **Name and Date:** |  | | |
| **School District/ Local Education Agency (LEA):** |  | | | | | | |
| **School Name(s):** | **School Name 1:**  **School Name 2:**  **School Name 3:** | | | | | | |
| **School Address(s):** |  | | | | | | |
| **School Latitude and Longitude:** | **Latitude:**  **Longitude:** | | | | | | |
| **Senate District:** |  | | | | | | |
| **Assembly District:** |  | | | | | | |
| **US Congressional District:** |  | | | | | | |
| **School Contact Person and Contact Info:** | **Contact 1**  Name:  Phone Number:  Email Address:  **Contact 2**  Name:  Phone Number:  Email Address: | | | | | | |
| **Number of Students and Staff:** |  | | | | | | |
| **Water System Name:** |  | | | **Water System No.:** | |  | |
| **Water System Classification:** | Community Water System (CWS)  Non-Transient Non-Community (NTNC) | | | | | | |
| **Population:** |  | | | **MHI and Source:** | | List reference i.e. 2017 ACS | |
| **DAC:** | small DAC  DAC | | | **Work Completion Date:** | | Cannot go pass 3-31-2023 | |
| **County:** |  | | | **Regional Quality Control Board** | | Region # | |
| **Type of Proposed Project:** | Fixture Replacement  Fountains new install/replacement | | | | | | |
| **Division of Drinking Water (DDW) District Engineer and LPA if applicable:** |  | | | | | | |
| **Funding Priority:** | **School Name:**  Priority 3: small DAC & impaired access  Priority 4: DAC & impaired access  **School Name:**  Priority 3: small DAC & impaired access  Priority 4: DAC & impaired access  **School Name:**  Priority 3: small DAC & impaired access  Priority 4: DAC & impaired access | | | | | | |
| **Description of Problem:**  **WATER QUALITY**  **Does the Project address any of the following contaminant(s) of concern that have concentrations in exceedance of the Maximum Contaminant Level or Notification Level?**  YES  NO  (If Yes, please use the application template for water quality projects) | | | | | | | |
| **Description of Proposed Interim Solution:**  Campus Map with unit locations attached   * Number of possible fountain replacements * Number of new location fountain installations * Number of possible fixture replacements * Will LEA need TA during implementation * DSA review required or exempt? | | | | | | | |
| **Is the sub-project consistent with the CEQA exemption(s) listed here:**  Yes  No | | * Article 18, Section 15269(c) specific actions necessary to prevent or mitigate an emergency, are exempt from CEQA. * Article 19, Section 15301 Class 1-Operation, repair, maintenance and/or minor alteration of an existing structure * Article 19, Section 15303 Class 3-Construction or remodification of a limited number of new or existing small structures | | | | | |
| **Recommended Funding Amount $:** (Maximum per school $100k and per entity $1M) | | **School Name 1: $**  **School Name 2: $**  **School Name 3: $**  **Total Amount: $** | | | | | |
|  | **1.Planning/Design/Engineering/Environmental:** | | | | | | $ |
| **2.Construction/Implementation:** | | | | | | $ |
| **3.Monitoring/Performance:** | | | | | | $ |
| **Number of Fountains estimated with budget:** |  | | **Number of Fixtures estimated with budget:** | | | |  |
| Required Attachments:  Budget Spreadsheet  Campus Map with relevant information  Property Ownership Form signed by LEA | | | | | | | |
| **FOR DFA STAFF ONLY:** | | | | | | | |
| **DFA Staff Recommendation(s):** | DFA staff has reviewed and approves the project as described above.  Approved  Denied  Partial Approval (see below)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DFA, Project Manager  Comments: | | | | | | |
| **Partial Approval Comments:**  N/A | * List schools being approved and denied based on priority * New proposed award amount * other | | | | | | |