

Project Proposal Form

See Section VII: Instructions for Completing Project Proposal Form

Proposal Completion Checklist	
<p>Applications which do not include all of the requested information, including supporting documentation, may lose points. This could result in a lower overall score, lower overall placement on the priority list and ultimately in not receiving funding.</p>	
<input type="checkbox"/> Feasibility Study (25 page limit)	<input type="checkbox"/> Funding Confirmation Letters
<input type="checkbox"/> Copy of Operator Certifications	<input type="checkbox"/> Utility Operations plan
<input type="checkbox"/> Utility Capital Improvements Plan	<input type="checkbox"/> Emergency Response Plan
<input type="checkbox"/> Annual Utility Budget	<input type="checkbox"/> User Fee Schedule
<input type="checkbox"/> Supporting documentation for project justification categories	<input type="checkbox"/> Preliminary or Final Design (if completed)
<input type="checkbox"/> Utility Business Plan	<input type="checkbox"/> Utility Organizational Chart

<p>Where did you hear about the DW TSA grant program? Check all that apply:</p>	
<input type="checkbox"/> Letter	<input type="checkbox"/> DW TSA Website
<input type="checkbox"/> ROC Meeting	<input type="checkbox"/> Drinking Water Watch
<input type="checkbox"/> Monthly Monitoring Schedule	<input type="checkbox"/> Tribal Newsletter
<input type="checkbox"/> IHS Engineer	<input type="checkbox"/> Other:

Project Proposal Form (Cont'd)

Applicant Information			
Tribe Submitting Proposal:			
Project Manager's Name:			
Address:		Phone #:	
		Fax #:	
		E-mail:	

Service Area Information			
# of Connections Impacted by Project:		# of People Served by Project	
# of Existing Meters		Non-Tribal	
Population Impacted		Tribal	

Water Utility Information			
Project Location:			Water System Owner:
Will Ownership be transferred to a new owner?		If yes, please explain:	
Is this a public water system (PWS)?		If yes, provide PWS ID#:	
Is this a Ground Water, Surface Water, or Purchased Water System?		What is the design capacity of your system?	
If your water is purchased, from whom do you purchase it?			
What is the normal operating pressure in your system (range)?			
Is this a community or non-community water system?			
Is this a for-profit water system?			

Other Background Information	
Describe any existing conservation measures:	
Does the Tribe and/or water utility have a source or wellhead protection program?	
If yes, is the Tribe or system in the process of implementing one of the above programs? Please	

Project Proposal Form (Cont'd)

explain.			
Is the proposed project a consolidation project?		If yes, how many systems will be consolidated?	
What are the populations of the systems being consolidated?			
Give the names and / or PWS ID #s of systems being consolidated.			

Problem and Project Descriptions	
<p>Please describe the problem being addressed by the proposed project:</p>	

Project Proposal Form (Cont'd)

<p>Please describe the project. If the project involves more than one source of funding, please specify what specific project components will be funded using EPA DW TSA funds.</p>	
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Project Justification	
<p>(Put an X next to all that apply below). If the answer is yes, please provide a short narrative (no more than one page for each topic) and supporting documentation (any supporting documentation must be no more than 5 pages). All material must be loose and each page must be numbered on 8 ½ x 11 paper. No CDs or other media please.</p>	
	Addresses a serious risk to human health
Describe how your project will accomplish this:	
	Provides compliance with the Safe Drinking Water Act requirements
Describe how your project will accomplish this:	
	Assists community water system(s)
Describe how your project will accomplish this:	
	Project need identified as a result of a Sanitary Survey (a copy of your system's most recent sanitary survey may be found on the Drinking Water Watch website – your system's login is required): https://iaspub.epa.gov/Region8DWW/JSP/loginForm.jsp

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Describe which need your project will fulfill:	
Project will Provide:	
Improvement in public health	
Describe how your project will accomplish this:	
Address a lack of safe drinking water	
Describe how your project will accomplish this:	
Improvement in public safety	
Describe how your project will accomplish this:	
Improvements in ability to comply	
Describe how your project will accomplish this:	
Improvements in environment	
Describe how your project will accomplish this:	
Improvements in adequacy and efficiency	
Describe how your project will accomplish this:	
Utility organization and capacity	
Describe how your project will accomplish this:	

Project Schedule	
EPA Project Milestones	Target Dates
Award	
Planning Start	
Planning Complete	

Project Proposal Form (Cont'd)

Design Start	
Design Complete	
Construction Start	
Construction Complete	
Initiation of Operation	
Final Report (90 days after Construction Complete)	
Performance Certification (1 Year from Initiation of Operation)	
Closeout Along with Project Budget / Financial Plan	

Project Financial Plan	
Budget Estimates:	Provide Explanation of Costs Below:
Engineering	\$
Construction	\$
Administration	\$
Equipment	\$
Land Acquisition	\$
Contingencies (10%)	\$
Estimated Total Project Cost	\$
Amount of total being requested from EPA DWIG TSA Program	\$
Have other entities committed to contribute funding for this project?	
If other entities have committed funding, list which entities and dollar amount. Also, attach letters from these entities which verify their commitment.	
Will EPA funds be transferred to IHS for administration of the project?	
If answer to above is yes, have you contacted IHS concerning this commitment?	
Does this project have an IHS project number (PDS or SDS)?	
If so, please provide.	

Project Status			
Feasibility Study Complete? (must be completed for construction projects)		Yes (Attach)	
		No	

Project Proposal Form (Cont'd)

Preliminary design complete?		Yes (Attach)		No
Final design complete?		Yes (Attach)		No

Utility Capacity				
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Do you have an operations plan which describes day-to-day operation of the present facilities?		Yes (Attach)		No
Do you have a business plan?		Yes (Attach)		No
Does your utility have an organizational chart?		Yes (Attach)		No
Does your utility have a governing board?		Yes		No
Are your operators certified (if yes, attach certification credentials)?		Yes (Attach)		No
Do your operators receive additional training on an ongoing basis?		Yes		No
Do you have a capital improvements plan?		Yes (Attach)		No
Do you have an emergency response plan?		Yes (Attach)		No
Do you have an annual budget?		Yes (Attach)		No

Total Revenues	\$	Total Expenses	\$
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Where does your utility get its revenue?	User Fees	%
	Tribal Government	%
	BoR	%
	BIA	%
	Other	%

What is your Billing and Collection Rate (NA if not applicable)?	%
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What are your major expenses?	
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Describe your rate structure (if applicable). You may attach a rate schedule if available.	
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Do you have a routine leak detection and repair program?		Yes		No
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Signature of Certifying Official			
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Signature of person certifying that this information is accurate (Project approval by Council or Tribal leader is required)	
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Title of Certifying Official		Date	
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