

Disadvantaged Community Involvement Program
Tulare-Kern Funding Area
Project Application Form

1. IRWM Region:

2. Funding Area:

3. Applicant Name:

4. Project Title:

5. Requested Grant Amount:

6. Point of Contact: (POC) Information (name, title, organization, phone, email):

7. Type of Funding Requested (Select One):
 IRWM Application Costs (for projects that are ready for Round One (2019) IRWM Implementation funding)
 Project Development Activities (feasibility study, preliminary design, CEQA, etc.) to prepare for Round Two (future) IRWM Implementation funding

8. Is the Applicant identified as a Disadvantaged Community (DAC) in the Preliminary Needs Assessment?
 Yes No *If not, provide justification for DAC status.*

9. Does the project address one or more of the following issues for a DAC?

Project Title	Benefits 100% to DAC?	Human Right to Water?	Innovative Technology?	Contribute to regional water self-reliance?	Address AB 1249 Contaminants(s)?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A. PROJECT INFORMATION

1. Project Summary: Provide a brief description of the project, the need(s) it addresses, and the intended outcomes/benefits. The project may include a feasibility study, community outreach, preliminary design, environmental review, or other activities. The project may also include IRWM application costs.

2. Provide project map. Include location of project, project benefit and/or service area, and other applicable information.

3. Project Type: _____ Water Supply or Quality _____ Sewer or Wastewater
 Other:

Select most applicable project type. If "Other" is selected, please write in the space provided the proposed project type.

4. If the project will affect groundwater, does the project have support of the local Groundwater Sustainability Agency? _____ Yes _____ No
 Provide a letter of support from the GSA, if available, or other form of correspondence with the GSA regarding the proposed project.

B. SELECTED ELIGIBILITY REQUIREMENTS

1. Does the project directly respond to water management need(s) of DACs in the Funding Area, as identified in the Preliminary Needs Assessment? _____ Yes _____ No
 a. What DAC need(s) does the project address? Identify and explain.

2. Does the project benefit a small (<10,000 population) DAC? _____ Yes _____ No

Community	Population	MHI (include source)

3. Does the project provide a benefit that meets at least one of the Statewide Priorities as defined in the 2016 IRWM Grant Program Guidelines?

Yes No If Yes, Please identify below.

C. WORK PLAN, BUDGET, and SCHEDULE

1. Work Plan: Provide a brief Project Description, including summary of tasks for the project development activity that is being proposed. The scope must include coordination with the IRWM to get the project on the IRWM project list for future implementation funding.

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2. Budget: Provide cost estimate by task identified in the Work Plan description. Cost share is not required.

Table 1 - Project Development Budget					
	Task	(a) Requested Grant Amount	(b) Cost Share: Non-State Fund Source	(c) Other Fund Source	(d) Total Cost
(1)					
(2)					
(3)					
(4)					
(5)					
	Grand Total				
Identify the source of Other Funds, if applicable.					

3. Schedule: Include reasonable estimates of the start and end dates for each task listed in Table 1 - Project Development Budget.

Table 2 – Project Development Schedule			
	Task	Start Date	End Date
(1)			
(2)			
(3)			
(4)			
(5)			

D. OTHER PROJECT INFORMATION

1. Does the proposed project benefit multiple DACs? Yes No

If Yes, provide a description of the impacts to the various DACs.

2. Does the project address a contaminant listed in AB 1249? Yes No

If yes, provide a description of how the project helps address the contamination.

3. Does the project improve the provision of safe, clean, affordable, and accessible water adequate for human consumption, cooking, and sanitary purposes, consistent with AB 685 (Human Right to Water)? Yes No

If yes, please describe.

E. ENVIRONMENTAL

1. Please fill out the Table below, if applicable:

Table 3 – CEQA Timeline		
CEQA STEP	COMPLETE? (Y/N)	ESTIMATED DATE TO COMPLETE
Initial Study		
Lead Agency (_____)		
Notice of Preparation		
Draft EIR/MND/ND		
Public Review		
Final EIR/MND/ND		
Adoption of Final EIR/MND/ND		
Notice of Determination		

a. If additional explanation or justification of the timeline is needed, please describe below (optional).

F. CONSULTANT SELECTION

1. Does the Applicant have a District Engineer or other Engineering Consultant with history working on the design or evaluation of its facilities, which is preferred to perform the scope of work identified herein?

If yes, provide contact information (Name, Title, Organization, Phone, Email)

Note: The preferred consultant, if noted, will be contacted regarding this project. If the consultant and the County of Tulare are able to come to agreement, a contract between the County and consultant may be initiated. While applicant preferences will be taken into account, the County of Tulare does not commit to retaining the services of the preferred consultant.

2. If the Applicant does not have a preferred consultant, a consultant may be recommended by the respective IRWM, or work may be conducted by the Project Team. Any recommended consultants would require pre-approval from the County of Tulare, and would be required to enter into a contract with the County of Tulare.

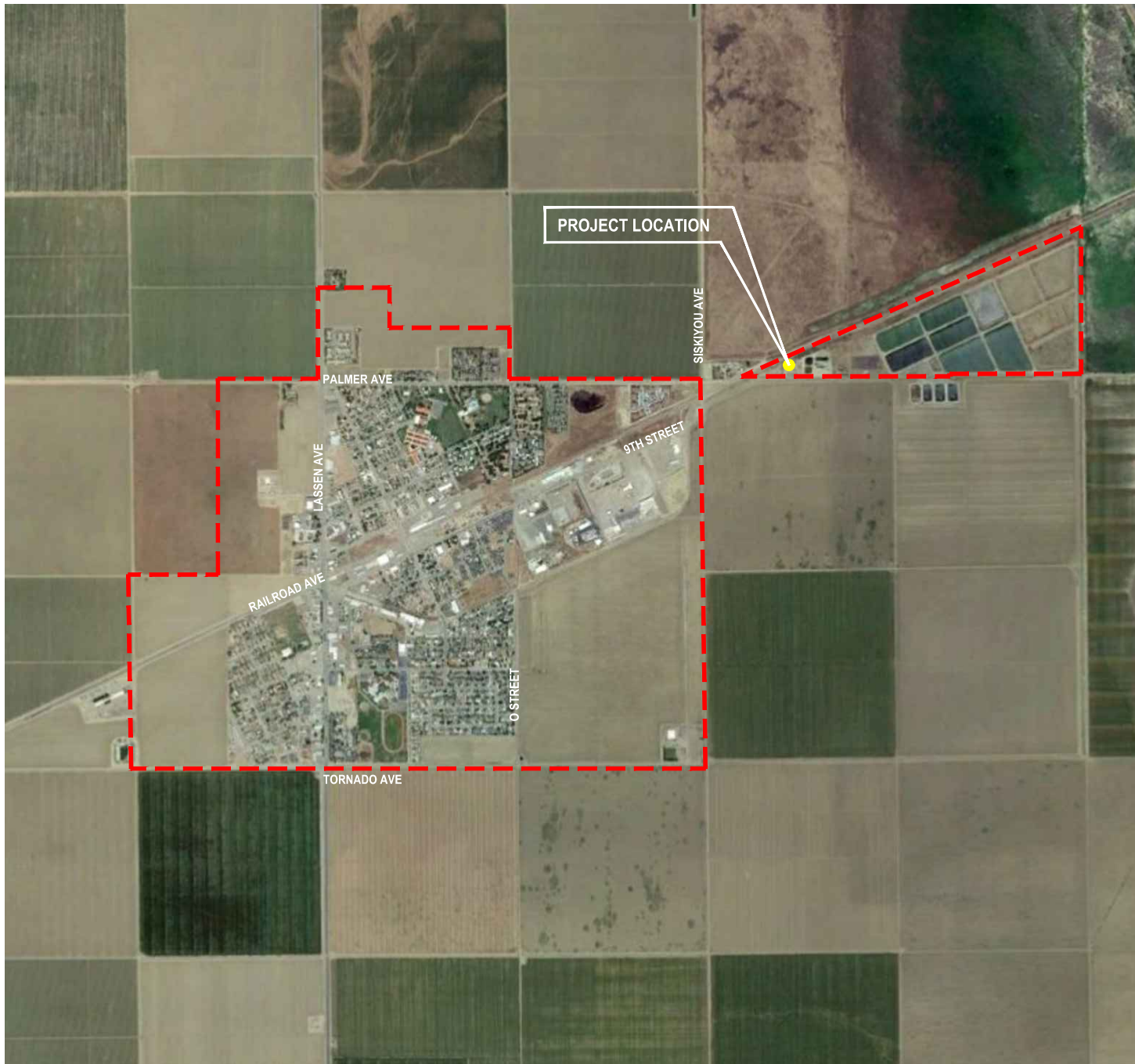
CITY OF HURON



IRWMP FUNDING APPLICATION

LEGEND:

 CITY LIMITS



NORTH

FIGURE 1
PROJECT LOCATION

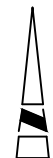
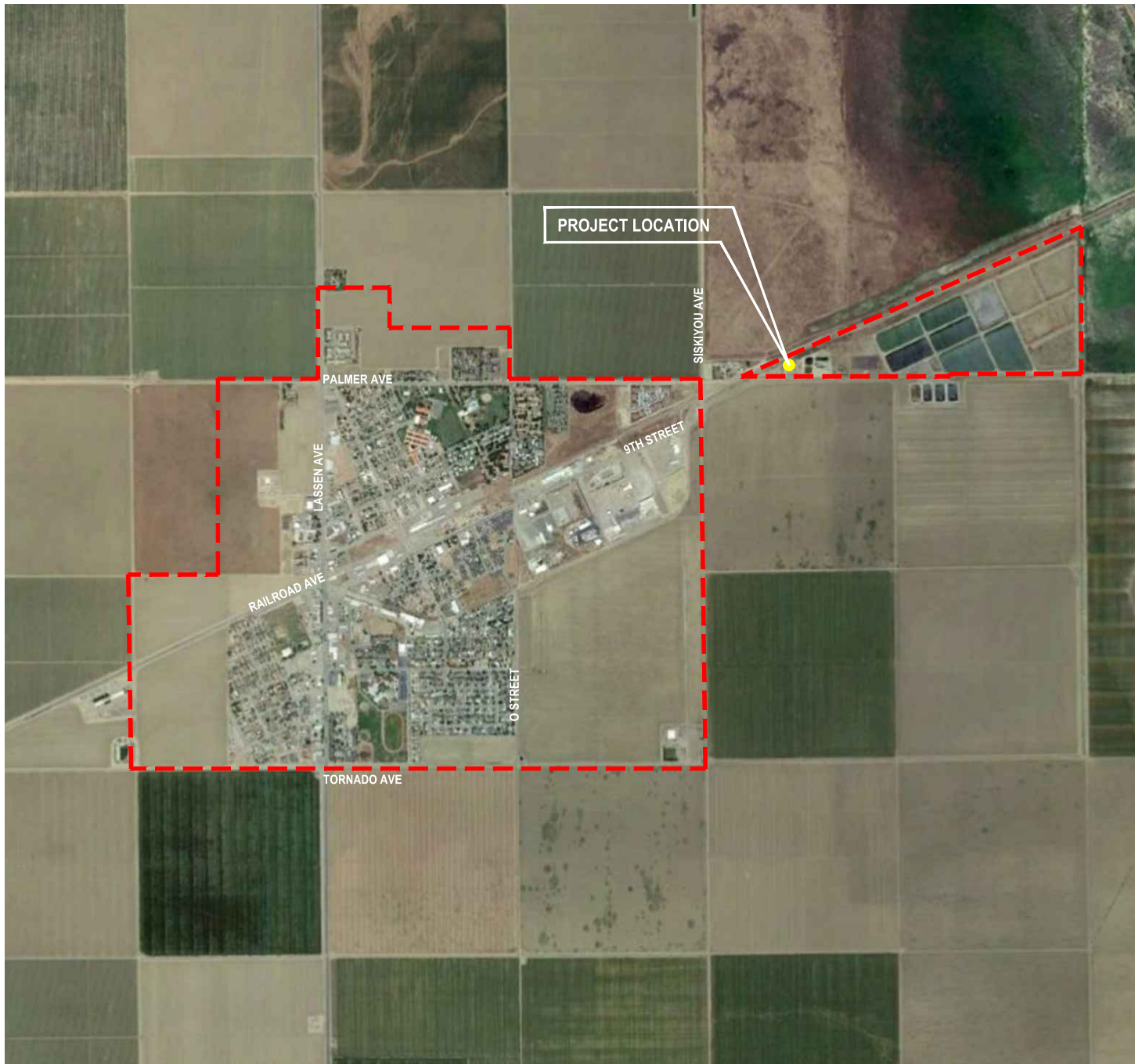
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