### **Disadvantaged Community Involvement Program**

#### **Tulare-Kern Funding Area**

# **Project Application Form**

1.	IRWM Region:					
2.	Funding Area:	Tulare-Kern Fundir	ng Area			
3.	Applicant Name:					
4.	Project Title:					
5.	Requested Grant A	Amount:				
6.	Point of Contact: (	POC) Information (n	ame, title, organiza	ation, phone, em	nail):	
7.	Type of Funding R	equested (Select On	e):			
	IRWM Applic	cation Costs (for proj	ects that are ready	for Round One	(2019) IRWM Imp	olementation funding
		lopment Activities (f VM Implementation		eliminary design	, CEQA, etc.) to pr	repare for Round Two
8.	Is the Applicant id	entified as a Disadva	ntaged Communit	y (DAC) in the Pr	eliminary Needs A	Assessment?
	Yes No	If not, provid	le justification for L	DAC status.		
9.	Does the project a	address one or more	of the following is:	sues for a DAC?		
Pro	ject Title	Benefits 100% to DAC?	Human Right to Water?	Innovative Technology?	Contribute to regional water self-reliance?	Address AB 1249 Contaminants(s)?
Α	. PROJECT INFOR	<u>MATION</u>				
1.	•	Provide a brief desc			•	
		s. The project may ir riew, or other activition	•	•	•	
				,		

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

. Project Type	:	Water S	Supply or Quality	Sewer or Wastewater	
	Other:				
Select most of proposed pro		oject type. If "O	ther" is selected, please	write in the space provided the	
. If the project Agency?	_	roundwater, do s No	es the project have supp	ort of the local Groundwater Sustainabi	lity
Provide a let proposed pro		t from the GSA,	, if available, or other for	m of correspondence with the GSA rega	arding th
B. <u>SELECTED E</u>	LIGIBILITY R	REQUIREMENT	<u>τς</u>		
		respond to wate ment?Yes		of DACs in the Funding Area, as identific	ed in the
a. What DA	C need(s) do	es the project a	iddress? Identify and exp	lain.	
. Does the pr	oiect benefit	a small (<10.00	00 population) DAC?	Yes No	
Boes the pr		a 3111ani (+20)00			
Communi	ty		Population	MHI (include source)	
3. Does the proj	ect provide a	benefit that m	eets at least one of the S	tatewide Priorities as defined in the 201	6
RWM Grant Pro	•				
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.
2.	Budget: Provide cost estimate by task identified in the Work Plan description. Cost share is not required.

(a) (b) (c) (d)				(d)	
Task		Requested Grant Amount	Cost Share: Non- State Fund Source	Other Fund Source	Total Cost
(1)					
(2)					
(3)					
(4)					
(5)					
	Grand Total				

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?YesNo	
If Yes, provide a description of the impacts to the various DACs.	
2. Does the project address a contaminant listed in AB 1249?YesNo  If yes, provide a description of how the project helps address the contamination.	
<ol> <li>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)?YesNo</li> <li>If yes, please describe.</li> </ol>	

### 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
	oes the Applicant have a District Engineer or other Engineering Consultant with history working on the design or valuation of its facilities, which is preferred to perform the scope of work identified herein?
	If yes, provide contact information (Name, Title, Organization, Phone, Email)
T a	lote: The preferred consultant, if noted, will be contacted regarding this project. If the consultant and the County of ulare are able to come to agreement, a contract between the County and consultant may be initiated. While pplicant 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 preapproval from the County of Tulare, and would be required to enter into a contract with the County of Tulare.

