

**Environmental Protection Agency, Region 9
Drinking Water Tribal Set-Aside Grant
Project Proposal Form**

Directions: [See Section IV.B of the Guidelines](#)

| | |
|----------------------------------|--|
| Project Name | |
| Applicant Information | <p>Tribe Submitting Proposal:</p> <p>Did you receive Drinking Water Tribal Set-Aside money for this project in previous funding cycles?</p> <p>Did you receive drinking water state revolving fund money for this project in the past?</p> <p>Would you prefer funding be awarded by a direct grant to the Tribe or via an interagency agreement with the Indian Health Service?</p> |
| Contact Information | <p>Name: _____ Title: _____</p> <p>Address: _____</p> <p>Phone Number: _____ Email: _____</p> |
| Service Area Information | <p>Total Population Served: _____ Total number of connections: _____</p> <p>Number of meters: _____ Percent of connections metered: _____</p> <p>Is billing based on meter readings?</p> <p>Number of tribal people served by project(s): _____</p> <p>Number of non-tribal people served by project(s): _____</p> |
| Water Utility Information | <p>Project Location: _____</p> <p>Water System Owner: _____</p> <p>Will the proposed project be owned by a different entity? If yes, please explain: _____</p> <p>Is this a Public Water System?</p> <p>If Yes: What is the Public Water System ID Number? _____</p> <p>Is this a Community or non-Community Water System?</p> <p>Is this a For-Profit or Non-Profit Water System?</p> <p>Does this system have a certified water operator (Please include certification level)? _____</p> |
| Water Supply Information | <p>How many storage tanks are connected to the system? What is the capacity of each tank (in gallons)? _____</p> <p>How many wells are connected to the system? What is the maximum capacity of each well (in gpm)? _____</p> <p>How many pressure zones are in the system? Describe each pressure zone (i.e. which tanks are used for each zone). _____</p> <p>Are there water outages? _____ If so, how often? What is the reason for the outages? _____</p> |

| Other Background Information | <p>Are you implementing water and/or energy conservation measures at this water system? If so, please describe them:</p> <p>Does the Tribe and/or water utility have a source water or wellhead protection program? If so please describe it:</p> <p>Is the proposed project a consolidation project? If so, how many systems will be consolidated? What are their populations?</p> <p>What is the per capita, per day water consumption in gallons/person/day of treated water for the water system?</p> | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------------------------------|--------------------------|--------------------------|--|----------|-------|-----------------------|------------------|-------|----------|-----------------------|----------|-------|-------|----------|-------|----------|-------|-------|
| Project Need | Describe why this project is necessary: | | | | | | | | | | | | | | | | | | | | |
| Project Description | Description of Proposed Project: | | | | | | | | | | | | | | | | | | | | |
| BIL Funding for Emerging Contaminants and Lead Pipe Removal | <p>Does this project address an emerging contaminant? Yes No Page 10: Implementation of the Tribal Water Infrastructure Appropriations in the Bipartisan Infrastructure Law Memo</p> <p>Does this project address identification or removal of lead service lines? Yes No Page 11: Implementation of the Tribal Water Infrastructure Appropriations in the Bipartisan Infrastructure Law Memo</p> | | | | | | | | | | | | | | | | | | | | |
| Project Cost | <p>Estimated Total Project Cost \$</p> <p>Cost Breakdown by Health Category:</p> <table border="1" data-bbox="394 1266 1414 1467"> <thead> <tr> <th>Health Category</th> <th>Corresponding Project Component</th> <th>Estimated Component Cost</th> <th># Connections Benefiting</th> <th>Population Served</th> </tr> </thead> <tbody> <tr> <td>1) _____</td> <td>_____</td> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2) _____</td> <td>_____</td> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3) _____</td> <td>_____</td> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Health Category | Corresponding Project Component | Estimated Component Cost | # Connections Benefiting | Population Served | 1) _____ | _____ | \$ _____ | _____ | _____ | 2) _____ | _____ | \$ _____ | _____ | _____ | 3) _____ | _____ | \$ _____ | _____ | _____ |
| Health Category | Corresponding Project Component | Estimated Component Cost | # Connections Benefiting | Population Served | | | | | | | | | | | | | | | | | |
| 1) _____ | _____ | \$ _____ | _____ | _____ | | | | | | | | | | | | | | | | | |
| 2) _____ | _____ | \$ _____ | _____ | _____ | | | | | | | | | | | | | | | | | |
| 3) _____ | _____ | \$ _____ | _____ | _____ | | | | | | | | | | | | | | | | | |
| Committed Funding | <p>Have other entities committed to contribute funding for this project?</p> <p>If so, describe commitment:</p> <p>Have you applied for funding from other agencies?</p> <p>If so, which agencies?</p> | | | | | | | | | | | | | | | | | | | | |
| Project Status | <table border="1" data-bbox="394 1675 1425 1795"> <tr> <td>Preliminary Engineering Report Complete?</td> <td>Yes</td> <td>No</td> <td>If Yes, please attach</td> </tr> <tr> <td>Environmental Information Document Complete?</td> <td>Yes</td> <td>No</td> <td>If Yes, please attach</td> </tr> <tr> <td>Design Complete?</td> <td>Yes</td> <td>No</td> <td>If Yes, please attach</td> </tr> </table> | Preliminary Engineering Report Complete? | Yes | No | If Yes, please attach | Environmental Information Document Complete? | Yes | No | If Yes, please attach | Design Complete? | Yes | No | If Yes, please attach | | | | | | | | |
| Preliminary Engineering Report Complete? | Yes | No | If Yes, please attach | | | | | | | | | | | | | | | | | | |
| Environmental Information Document Complete? | Yes | No | If Yes, please attach | | | | | | | | | | | | | | | | | | |
| Design Complete? | Yes | No | If Yes, please attach | | | | | | | | | | | | | | | | | | |

Signature of Person Certifying this information is accurate _____

Title of Above Person _____ Date _____