

Environmental Protection Agency, Region 9

Drinking Water Tribal Set-Aside Program

Project Proposal Form

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

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

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

Signature of Person Certifying this information is accurate _____

Title of Above Person _____ Date _____