



West Basin Municipal Water District
Water Bottle Filling Station Funding Program
FY 2018-2019

Date of Application Received:

Water Bottle Filling Station Funding Request Application

CONTACT INFORMATION

Point of Contact Name:

Identify the person who will be responsible for administering the funding agreement.

Title:

Agency/Department:

Phone Number:

Email Address:

Applicant's Legal Entity Name:

Mailing Address Street:

City:

Zip:

Indicate Type of Applicant:

- Public Agency School District City Other: _____

PROJECT INFORMATION

Describe the location of the proposed site (ex. indoor/outdoor, building type).

Describe the exposure and approximate number of people that pass through the proposed location.

Describe your need, reasoning and interest for a water bottle filling station.

Describe the estimated project timeline (if known) for this project.

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Where will the filling station unit be installed?

Indoors Outdoors

Does your agency agree to pay for the installation and maintenance costs associated with the unit?

Yes No

Are there any additional approvals (city codes/requirements) that must be pursued in order to install the unit?

Yes No

COST INFORMATION

Item #	Type of Cost	\$ Matching Funds (from Applicant)	\$ Funding Request (from West Basin)
1	Administrative	\$	NA
2	Labor (i.e. installation)	\$	NA
3	Materials/Supplies	\$	NA
4	Equipment	\$	\$
5	Other	\$	NA
		\$ Total Matching Funds	\$ Total Funding Request*
		\$	\$
		\$ Total Cost of Project	
		\$	

* Total Funding Request is not-to-exceed \$1,000.

OTHER INFORMATION

APPLICATION CERTIFICATION

I hereby certify that I am duly authorized by the applicant's governing body to apply for funding from West Basin Municipal Water District for the project described in this application. I further attest that the information provided in this application is accurate to the best of my knowledge.

Authorized Representative's Signature

Date

Authorized Representative's Name (print)

Title