



West Basin Municipal Water District
Water Bottle Filling Station Funding Program
FY 2019-2020

Application Date:

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:

- Special District School District City

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.

Application Date:

Where will the filling station unit be installed?

- Indoors (up to \$1,000) Outdoors (up to \$2,000)

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

Project Cost Report

	Type of Cost	Applicant Budget
1	Administrative	\$
2	Labor (i.e. installation)	\$
3	Materials/Supplies	\$
4	Equipment*	\$
5	Other	\$
		Total Project Cost
		\$

*West Basin will only provide funding for Water Bottle Filling Station equipment costs

Funding Request: Fill in Only One of the following options

Indoor Filling Station Grant Request: \$	Not to exceed \$1,000
Outdoor Filling Station Grant Request: \$	Not to exceed \$2,000

OTHER INFORMATION

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Application Date:

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**