

West Basin Municipal Water District Water Bottle Filling Station Funding Program FY 2022-2023

# 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.

Where will the filling station unit be installed?		Application Date:
O Indoors (up to \$1,000)	O Outdoors (up to \$2,000)	
What type of filling station wi	ll be installed?	

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

O Yes

Yes O No

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

O Yes

О No

## **ΓΟST 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**

### **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

Authorized Representative's Name (print)

Title

Date