## Instructions

Complete this application and submit electronically to [Chelsea Cannard](mailto:chelsea.cannard@doh.wa.gov), Source Water Protection Program Manager. Or call 564-233-1799 for any questions.

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| **Applicant Information** | | | | | | | | | | | | |
| **Applicant Organization** |  | | | | | | | | | | | |
| **Water System Name** |  | | | | | | | | **PWSID** | | |  |
| **Street Address** |  | | | | | | | | | | | |
| **City** |  | | **State** | | |  | | **Zipcode** | | |  | |
| **County** |  | | | | | | | | | | | |
| **Phone Number** |  | **Email Address** | | | | |  | | | | | |
| **Contact Name** |  | | | | **Contact Phone** | | | | |  | | |
| **Tax ID Number** |  | | | | **UBI Number** | | | | |  | | |
| **Statewide Vendor Number** |  | | | **Federal Unique Entity ID Number** | | | | | |  | | |
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| **Project Information** | | | | | | | | | | | | |
| **Project Name** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Project Description** | | | | | | | | | | | | |
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| **Scope of Work Activities** *(Include specific description of activities.)* |
| **Project Performance Measures** |
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| **Tasks and Deliverables** |
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| **Signature and Title** *(Approving authority.)* | | |
| **Name of Authorized Person** | |  |
| **Electronic Signature** | |  |
| **Title** |  | |
| **Date** |  | |