## Instructions

Complete this application and submit electronically to Chelsea Cannard, 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** |   |
|  |  |  |  |
| **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** |   |