

APPLICATION
Public Water Supply System GIS Mapping Assistance Program

A grant program administered by the Kansas Water Office

Date _____

System Name _____

Street Address _____

City, State, Zip _____

County(ies) Served _____
(Or where City is located)

Contact Name/Title _____

Contact Phone _____

Contact E-mail _____

Estimated grant funding amount requested: _____
(Funding may be requested for any amount up to the maximum. Funding limit: 50% of project cost or \$4,000.00, whichever is less)

Proposed mapping provider: _____

Data format: _____

Anticipated project start date: _____

Projected completion date: _____

1. Please review the application requirements and suggested considerations found in the document *Guidelines for the Public Water Supply System GIS Mapping Assistance Program*, (revised July 31, 2014) to ensure that the mapping project meets the minimum standards for grant funding.

2. This application must be complete and signed.

3. Applicants must have a state approved water conservation plan dated within ten (10) years of the date of application.

4. Please attach to this application a copy of the mapping proposal from the provider with a cost estimate of services.

5. Projects must be completed within two years of the project approval date. In certain circumstances the completion deadline may be extended. Requests for an extension should be communicated to the Kansas Water Office no later than 30 days prior to the two-year deadline.

6. Grant funds are disbursed by the Kansas Water Office upon receipt of the *Data Collection Summary* and a copy of a final, itemized invoice for GIS mapping services from the public water supply system. Payments will be made to the water supply system.

By signing herein, I, the undersigned, verify that I am authorized to bind the public water supply system named above for any purposes necessary for this grant, that I have reviewed the application and other grant documents and that I agree with the terms and conditions herein, and that I wish for this application to be considered for the grant program described.

Signature

Date

Printed Name

FEIN Number

Office or Title

KWO use only:

Date received _____
Revised 7/31/2014

Verified Complete _____

Assigned Application Number _____