

# **Drinking Water Bond Bill Grant**

## **Guidelines and Application**



Delaware Health & Social Services  
Division of Public Health  
Drinking Water State Revolving Fund Program

*Created March 2024*

## **GENERAL INFORMATION**

Since the inception of the Drinking Water State Revolving Fund in 1996, as an amendment to the Safe Drinking Water Act, public water systems in Delaware had just three options for financing infrastructure improvements: traditional bank lending, USDA (United States Department of Agriculture) Rural Development loans, and the Drinking Water State Revolving Fund (DWSRF). Thanks to the Bond Bill Appropriations, the DWSRF Program can provide Drinking Water Bond Bill Grants to entities that do not qualify for a DWSRF loan.

Applications can be submitted anytime, funding permitted. Applications will be funded on a first-come, first-serve basis. Priority will be given to Disadvantaged Communities that lack the technical, managerial, and financial capacity to receive a traditional DWSRF loan.

A disadvantaged community is one that:

1. Is identified by EPA [EJScreen](#) tool at 90% (USA) percentile or higher for Environmental Justice Indexes or for “Low Income” under the Socioeconomic Indexes; or
2. Is identified as disadvantaged by the [White House Climate and Economic Screening Tool](#); or
3. Is underserved, meaning the community is in a political subdivision of the State that either, as determined by the Administrator— ‘(A) does not have household drinking water or wastewater services; or ‘(B) is served by a public water system that violates, or exceeds, as applicable, a requirement of a national primary drinking water regulation issued under section 1412, including— ‘(i) a maximum contaminant level; ‘(ii) a treatment technique; and ‘(iii) an action level.” or
4. The project area is confined by and benefiting specific census tracts that have a percentage of population that is below the poverty level which is greater than the state-wide percentage of population below the poverty level.

Upon completing the application, submit one (1) signed copy of the Application and all supporting documentation electronically to the email below:

[DHSS\\_DPH\\_DWSRF@delaware.gov](mailto:DHSS_DPH_DWSRF@delaware.gov)

If the project is approved by the DWSRF Program Administrator, a draft Drinking Water Bond Bill Grant is sent to the recipient for review and approval. The draft grant agreement contains the final date for reimbursement. Work should not begin until the recipient has a copy of their State of Delaware Purchase Order.

The following information would need to be provided to the DWSRF Program prior to the issuance of a Drinking Water Bond Bill Grant:

- Completed Supplier Diversity Form (will be provided to the applicant upon project approval).
- First State Financial Vendor ID.
  - Ensure you have a W9 with the Division of Accounting here:  
[https://accounting.delaware.gov/w9\\_notice.shtml](https://accounting.delaware.gov/w9_notice.shtml)
  - Ensure you are a registered supplier here:  
[https://esupplier.erp.delaware.gov/psc/fn92pdesup/SUPPLIER/ERP/c/SCP\\_PUBLIC\\_MENU\\_FL.SCP\\_PUB\\_REG\\_CMP\\_FL.GBL](https://esupplier.erp.delaware.gov/psc/fn92pdesup/SUPPLIER/ERP/c/SCP_PUBLIC_MENU_FL.SCP_PUB_REG_CMP_FL.GBL)
- Electronic copy of the most current Certificate of Insurance (COI). The COI Certificate Holder needs to be listed as “Delaware Department of Health and Social Services, Division of Public Health, 417 Federal Street, Dover, DE 19901. DHSS and DPH cannot be named as an additional insured. Insurance policy limits will be listed in the Drinking Water bond Bill Grant agreement.
- Electronic copy of the most current Business License or Tax Exempt letter.
- UEI (Unique Entity Identifier) [Unique Entity Identifier Update | GSA](#)
- EIN (Employer Identification Number)

## **INSTRUCTIONS**

- 1. Application Cover Sheet and Check List.**
- 2. The Applicant must submit a copy of a letter sent to the nearest municipal and/or private drinking water utility advising them of the project activity.** In addition, the applicant must submit a copy of a letter sent to the Office of State Planning if a possible territorial expansion is included in the project activity.
- 3. Information Sheet: Self Explanatory**
- 4. Environmental Information Document:** This document discusses the proposed project and its possible environmental impacts, see [Appendix C](#).
- 5. Scope of Work Document:** This document should be no longer than two or three pages and address ***all*** of the following items:
  1. A description of the work to be completed.
  2. Explanation of DWSRF loan ineligibility.
  3. Planning period.
  4. Date of the most recent Drinking Water facilities plan (if applicable).
  5. Deliverables associated with the project.

Attach the Scope of Work document to the application.

## Application Cover Sheet and Check List

Entity Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### Check List for Application Materials

- This Sheet
- Approval Resolution if applicable
- Letter(s) to the nearest municipal and/or private drinking water utility advising them of the planning activity
- Copy of a letter sent to the Office of State Planning if a possible territorial expansion is included in the planning activity.
- Information Sheet
- Environmental Information Document
- Scope of Work Document

## Information Sheet

### **Entity Contact Information:**

- Contact Name: \_\_\_\_\_
- Contact Phone: \_\_\_\_\_
- Contact Email: \_\_\_\_\_

### **Consultant Contact Information:**

- Consulting Firm: \_\_\_\_\_
- Contact Name: \_\_\_\_\_
- Contact Phone: \_\_\_\_\_
- Contact Email: \_\_\_\_\_

### **Project Name, Description, and Dates:**

Project Name: \_\_\_\_\_

Project Description (Briefly describe public health, environmental, and safety problems that exist and explain how the project addresses the problem):

Project Start Date: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

**Project Budget:**

- Grant Amount Requested: \_\_\_\_\_

a. Administration	\$
i. Land, Right of Way	\$
ii. Legal	\$
b. Engineering	\$
i. Basic	\$
ii. Project Inspection	\$
iii. Other	\$
c. Construction	\$
i.	\$
ii.	\$
iii.	\$
iv.	\$
d. Other	\$
i.	\$
ii.	\$
iii.	\$
e. Contingencies (must be separated from construction)	\$
<b>Total</b>	<b>\$</b>

**Printed** Name of Authorizing Representative: \_\_\_\_\_

Title of Authorizing Representative: \_\_\_\_\_

Valid Email Address of Authorizing Representative: \_\_\_\_\_

If approved, does the Authorizing Representative give their consent to sign the grant agreement via DocuSign?

Yes

No

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Signature of Authorizing Representative

Date