

**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 \_\_\_\_\_

Contact name \_\_\_\_\_

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 August 16, 2010) to ensure that the mapping project meets the minimum standards for grant funding.

2. This application must be complete and signed. Applicants must have a state approved water conservation plan dated January 1, 2000 or later.

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

4. **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.

5. 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 8/16/2010

Verified Complete \_\_\_\_\_

Assigned Application Number \_\_\_\_\_