



DACIP Project Description Form

Access the Form at:
<https://arcg.is/WWKGa0>

For more information please contact Miranda Moore:
miranda.moore@csusb.edu

DACIP Project Description Form

The purpose of this form is to collect project submissions to be evaluated for funding under the Disadvantaged Community Involvement Program (DACIP).

If you need help understanding or completing any of the questions, please contact the [DACIP Team](#).

Please note that questions labeled as **[REQUIRED]** must be completed to be considered for funding. Questions without this designation are optional, and it is up to the applicant's discretion whether or not to provide a response.

You may edit your responses and/or complete the form at a later time by entering valid contact information for questions 42-44. Upon submission, you will receive an email containing a link to your saved responses. After clicking the link and making any changes, click the "Submit" button at the bottom of the form to save the changes.

Project Overview Information

1. Project Title

[REQUIRED] Enter the name of the project.

Character Limit: 500

2. Project Website

Enter the website of the project if applicable.

3. Project Concept Abstract

[REQUIRED] Briefly describe the project concept.

Character Limit: 750

Consider including what type of project it is, where it is located, the components of the project, the benefits, and who the project will benefit.

750

4. Project Type

[REQUIRED] Select the project type that best describes the project based on the below examples.

(1) **Needs Assessments:** Survey community members or water providers, facilitate meetings or workshops

(2) **Education:** Translation or interpretive services for information sharing, water campaigns for community, regional water management groups education on disadvantaged communities needs

(3) **Community Outreach:** Public meetings open to disadvantaged communities community members, door-to-door outreach

(4) **Engagement with Integrated Regional Water Management Efforts:** Disadvantaged Communities regional engagement coordinator role, disadvantaged communities advisory committee to regional water management group, disadvantaged communities representatives in governance

(5) **Facilitation:** Facilitated regional water management group meetings, facilitated project development meetings

(6) **Technical Assistance:** Public agency/elected official capacity building, agency staff training, assess water charges/rate plans, and assess consolidation of water providers

(7) **Governance Structure:** Increase disadvantaged communities involvement in decision making

(8) **Site Assessment:** Water quality assessments, median household income surveys, data and mapping activities

(9) **Enhancement of Disadvantaged Communities Aspects in Integrated Regional Water Management Plans:** Development of funding area-wide disadvantaged communities plan to be utilized as a unified approach for all integrated regional water management plans

(10) **Project Development Activities or Construction:** Environmental compliance, pre-construction activities, grant writing, project development

(11) **Financial Strategy:** Provides aid with financial aspects of grant applications or similar

← Select an option from the list above.

DACIP funding covers a wide variety of project types. Other funding sources may not cover as much.

5. Project Description

[REQUIRED] Provide a description of the project.

Character Limit: 8,000

This is an elaboration on your abstract (question 3). Consider including who you're partnering with, outcomes of your project, deliverables, cost, and timeline.

8000

6. Additional Attachments

Upload additional relevant project documents (e.g., photos, other materials, plans and specs, feasibility studies, needs assessments, MHI surveys, etc.).

1

Select file (support: pdf, doc, docx, xls, xlsx, pptx, ppt)

Project Overview Information

7. Project Deliverables

[REQUIRED] Select one or more deliverables that apply to the project.

Property Acquisition

Plan Development

Study

Non-Construction Implementation

Permits

Project Designs

Trainings

Other

If you select "Other," options may be:

- soil and infiltration testing results
- environmental compliance documents
- technical reports
- GIS maps
- results of surveys

Partnering agencies and Technical Groups can help assess these requirements.

8. Project Benefits

[REQUIRED] Select one or more benefits that apply to the project.

Examples:

(1) **Improved Climate Adaptation or Carbon Sequestration:** Uses green infrastructure, nature-based solutions, natural materials/processes

(2) **Adherence to Water Plan(s):** May include adherence to Urban Water Management Plan, Integrated Regional Water Management, Enhanced Watershed Management Program, Groundwater Quality Management Area, Stormwater Resources plan, Measure W Stormwater Investment Plan

(3) **Water Quality:** Improves water quality of drinking water and surface runoff, addresses primary pollutants of concern

(4) **Water Supply Resilience:** Improves drought response

(5) **Habitat Improvement:** Supports specific endangered or at-risk species, increases biodiversity, increases habitat corridors that connect larger open spaces, practices resources stewardship

(6) **Water Conservation:** Reduces water demand, captures runoff/rain

(7) **Recycled Water:** Integrates purple pipe, gray/black water systems

(8) **Improves Groundwater Quality and/or Quantity:** Stormwater filtration, ground water injection, revives dry wells, enhances dry weather runoff treatment

(9) **Reduces Flood Hazards:** Reduces localized street and sidewalk flooding, enhances floodplain protection

(10) **Provides Recreational/Ceremonial Access/Use:** Increases public open space, access to public open space

(11) **Improves Community/Agency Capacity:** Increases community awareness and education, increases community/tribal involvement in project development, improves operational efficiency

Select an option from the list above.

<input checked="" type="checkbox"/> (1) Improved Climate Adaptation or Carbon Sequestration
<input type="checkbox"/> (2) Adherence to Water Plan(s)

The needs assessment report and specific community needs could help in determining desirable projects and their resultant project benefits.

The agencies and technical groups that you partner with can help assess project benefits.

Applying/Implementing Entity

9. Entity Name

[REQUIRED] Enter the name of the organization or agency applying for funding.

Character Limit: 500

Eligible Applicants Include:

- Public agencies
- Non-profit organizations
- Public utilities
- Federally recognized Indian Tribes
- State Indian Tribes listed on the Native American Heritage
- Commission's Tribal Consultation list
- Mutual Water Companies

10. Address

[REQUIRED] Enter the building number, street, city, state and ZIP code of the organization or agency (example: 1234 Smith Ave, Los Angeles, CA 91340).

11. Contact Name

[REQUIRED] Enter the first name and last name of an individual point-of-contact for the organization or agency.

Character Limit: 100

12. Contact Title

[REQUIRED] Enter the individual's title.

Character Limit: 100

13. Contact Email

[REQUIRED] Enter the individual's email.

14. Contact Phone Number

[REQUIRED] Enter the individual's phone number.

Character Limit: 20

Other Partners/Collaborators

15. Entity Name

Enter the name of other organizations or agencies that are either partnering or collaborating on the project.

Character Limit: 500

Other Partners/Collaborators Could Include:

- NGOs
- CBOs
- Technical Assistance Groups
- Subconsultants a portion of the DACIP funding

16. Address

Enter the building number, street, city, state and ZIP code of the organization or agency (example: 1234 Smith Ave, Los Angeles, CA 91340).

17. Contact Name

Enter the first name and last name of an individual point-of-contact at the organization or agency.

Character Limit: 100

18. Contact Title

Enter the title of the individual.

Character Limit: 100

19. Contact Email

Enter the email address of the individual.

20. Contact Phone Number

Enter the phone number of the individual.

Character Limit: 20

21. Additional Partners/Collaborators

If there are additional project partners or collaborators, enter their information below (i.e., organization/agency name, address, contact name, contact title, contact email, contact phone number).

1000

22. Other Stakeholders

Enter the names and affiliations of project stakeholders **not** identified above as official partners or collaborators.

Character Limit: 500

500

Stakeholders Could Include:

- Local DAC focused community organizations
- Leaders in educational institutions
- Churches or faith-based institutions
- Water/wastewater providers
- Health/social/legal service providers
- Business organizations
- Elected and other local government representatives
- Members of the public

Project Location

23. Project Geographic Location or Address

Enter the project's location or address.

24. Project Sphere of Influence

[REQUIRED] Does the project's sphere of influence (i.e., the geographic area that the project affects or serves) adhere to a pre-defined boundary type (e.g., water service provider boundary, ZIP code, IRWM region)?

- If **Yes**, only answer questions 25 and 26.
- If **No**, only answer question 27.

Residents, visitors, and employees within the sphere of influence would benefit from the project.

25. Pre-Defined Boundary

[REQUIRED] Select the boundary type that applies to your project.

26. Pre-Defined Boundary Description

[REQUIRED] Please describe the pre-defined boundary in more detail (e.g., the name of the county, city, region).

100

27. Other Project Sphere of Influence

[REQUIRED] Explain why the project's sphere of influence does not adhere to a pre-defined boundary **and** describe the project's sphere of influence in more detail.

If applicable, draw the sphere of influence using this [web application](#).

This may include smaller localized areas such as a neighborhood, community, housing development, park, etc.

500

Budget/Cost

28. Total Project Cost: Known/Unknown

[REQUIRED] Specify if the project cost is known.

Amount known

Amount unknown

Need help in determining

29. Total Project Cost

[REQUIRED] Enter the total project cost (can be \$0). If budget development assistance is needed, please contact the [DACIP Team](#).

12³

30. Matching Resources: Entity Name

Enter the name of the agency or resource providing matching resources for the project.

If more than one, enter the agency or resource contributing the most amount of funding.

Character Limit: 500

31. Matching Resources: Amount

Enter the dollar amount of matching resources.

12³

Matching resources refers to the cost-share for a grant. It's the local contribution required to "match" the grant funding.

Partnering agencies and Technical Groups can help assess costs.

A budget would typically include staff hours, rates, contractors, materials and supplies and O&M costs (which is covered under the DACIP grant).

32. Matching Resources: Level of Commitment

Specify the level of commitment of the matching agency or resource.

Planned

Pledged

Secured

Need Help/Assistance

33. Additional Matching Resources

If there are additional matching resources, enter the name(s) of the agency or resource, amount(s), and commitment level(s) (i.e., planned, pledged, secured, need help/assistance).

1000

Pledged means funding promised by a funding partner but not yet guaranteed.

Secured funds refers to funding that has been awarded by a grantor or funder (but maybe not yet received).

Planned funding refers to the sources of funding that are being sought - and hoped for - by a project sponsor but there's no commitment or promise from the grantor.

34. Post Grant Funding: Entity Name

Enter the name of the agency or resource providing post grant funding for the project. Post grant funding includes sources of funding to support the project after initial implementation.

Character Limit: 500

35. Post Grant Funding: Amount

Enter the amount of post grant funding.

Post grant funding refers to funding for ongoing operation and maintenance that is separate from funding to construct. Matching funds for a project must be committed up front and in many cases, grants must be spent prior to grant funding being paid out.

36. Post Grant Funding: Level of Commitment

Specify the level of commitment by the matching agency or resource.

Planned

Pledged

Secured

Need Help/Assistance

37. Additional Post Grant Funding Sources

If there are additional sources of post grant funding, enter the name(s) of the agency or resource, amount(s), and commitment level(s) (i.e., planned, pledged, secured, need help/assistance).

1000 ↕

38. Estimated Annual O&M Expenses

Enter the estimated annual operations and maintenance expenses in dollars for the project.

39. Cost Breakdown by Deliverable

If known, identify the cost per deliverable for each task or outcome in this project.

Please complete the deliverable template document found [here](#) and attach below.

Select file (support: pdf, doc, docx, xls, xlsx)

Schedule/Deliverables

40. Project Assistance and Support

[REQUIRED] Can the technical assistance training and project development support you are seeking be completed by December 2022?

41. Duration of Project Assistance and Support (# of Months)

Enter the estimated duration in number of months of the technical assistance training and project development support being requested.

42. Schedule of Deliverable Milestones

If known, provide an estimated schedule of deliverable milestones.

Please complete the milestones template document found [here](#) and attach below.

Partnering agencies and Technical Groups can help assess milestones, start and end dates, and narratives to justify timespans.

Contact Information for Individual Completing Form

The contact information entered below will be used to send an email containing a link to edit the form responses.

43. Name of Individual*

[REQUIRED] Enter the first name and last name of the individual completing this form.

44. Email of Individual*

[REQUIRED] Enter the email address of the individual completing this form.

The email address you submit will receive a unique link to the form responses where you can edit them.

45. Form Completion*

[REQUIRED] Specify if all of the responses for this form have been completed.

- Select **Yes** if the responses are complete and final.
- Select **No** if the responses are incomplete and will be revised at a later time.

Submit

If you select Yes, the IRWM team will start reviewing your project and no changes can be made. Choosing No will save your responses so you can update them later. You can access your saved responses through a unique link sent to the email you entered for question 44.