



Grant Request # _____

Date Received _____

(Fund use)

APPLICATION FORM

Water Fluoridation Initiative

Please return this form with attachments as described

Public Water System Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (____) _____ **Ext.** _____ **Fax** (____) _____

E-mail: _____

Principal Contact Person _____

Title _____ **Telephone** _____

Secondary Contact Person _____

Title _____ **Telephone** _____

Organizational Description of Public Water System:

___ City ___ County ___ Rural Water District ___ Other: _____

Population of Area Served by System _____

Source of population number _____

Number of water meters in system _____ **as of** _____ (within one year of application date)

Revenue of water system in last fiscal year \$ _____

Expenses of water system in last fiscal year \$ _____

Number of Points of Entry of System _____

The natural fluoridation of the water

Single point of entry systems _____ ppm (date _____)

Multiple points of entry systems

Highest _____ ppm and Lowest _____ ppm (date _____)

Number of students in elementary schools served by your water system _____

Number of students in middle schools served by your water system _____

Number of students in high schools served by your water system _____

Has your water system ever been fluoridated by the addition of fluoridating chemicals? ___yes ___no

If yes, when was the fluoridation system last operational? _____ (See question 7 in narrative)

PROJECT BUDGET

Income

Amount requested from Health Ministry Fund \$ _____

Other Sources (if required):

TOTAL INCOME \$

Expenses

Equipment:

_____ \$ _____

Chemicals (one year supply)

Facility Renovations

Engineer Consultation

Other Miscellaneous expenses

TOTAL EXPENSES \$

Explanation of individual line items should be provided in a separate budget justification. That justification should include the basis (source) of the cost estimate and enough descriptive information to permit the review committee to understand the nature of facility changes, pieces of equipment being purchased, etc.

The budget should include only those items necessary for start-up or re-start of the equipment. Operating expenses and sources of income for those should not be included, with the exception of the chemicals for one year if Health Ministry Fund money is requested to pay for that operating expense.

As an authorized officer of the applicant municipality, I certify that submission of this application has been approved by the municipality and matters contained in it are true and correct to the best of my knowledge.

Date: _____

(Name of Applicant Municipality)

By: _____ Title: _____

NARRATIVE

Please answer the following questions on 8½" x 11" paper. The responses should be complete enough if answered on four to six, single-spaced pages. To organize your material, give the question numbers without the form's narrative material.



1. Explain the engineering of your project including necessary information about the organization of your water system (points of entry, equipment and building modifications required, anticipated level of fluoride to be added, consultation already provided, etc.)
2. Explain how fluoridation expenses, including equipment replacement, will be paid for in the future. If an additional consumer charge will be necessary, describe the basis for that charge and the status of action to impose that charge.
3. Describe the internal process and the public process by which this application was developed and approved. Include a report of the formal action of the governing board in approving this application--the vote (number of ayes and nays), any concerns raised, etc. Was the governing body specifically informed about the five year maintenance requirement?
4. Provide information about any unresolved issues which might affect the project or the ability of the municipality to accept the funding.
5. Provide a key elements timeline for implementation of the project assuming funding is available within two months of the date this application was filed. This timeline would include six to ten key actions including governing board action, design preparation, state permit issuance, bid letting, equipment ordered, renovations started and completed, staff trained, and fluoridation commencement date.
6. Provide information about the number of low income persons in your service area. You can satisfy this question in *one* of several ways. The following are suggestions. School districts in your service area can provide information about the percentage of free and reduced price lunch students. Relevant census tract poverty levels can be provided. If your system serves the majority of the population of a county, the per capita income of that county compared with the Kansas per capita income may be persuasive (see *Kansas Statistical Abstract*).
7. IF YOUR SYSTEM HAS EVER BEEN FLUORIDATED, provide information about the circumstances causing loss of fluoridation, how those circumstances can be prevented if the system is re-started, the condition of the fluoridation equipment and how that condition was evaluated, and other information to give a clear understanding of the situation.
8. IF YOUR SYSTEM SELLS WATER TO ANOTHER SYSTEM, provide information about whether the fluoridation will be made available to that system and whether that other system has agreed to accept fluoridated water.

ATTACHMENTS:

Required: Certification Executed by Chairperson of Governing Board stating that the Governing Board by a specified vote on a given date approved the filing of this application. If the Chairperson is not available, the Clerk of the Governing Board may execute the certification.

Optional: Support letters
Newspaper articles reflecting the fluoridation decision
Map of the area served by the water system