

Drinking Water and Groundwater Protection Division

Standby Power Evaluation

Introduction:

The Drinking Water and Groundwater Protection Division (DWGWPD) is offering standby power evaluations to public community drinking water systems (CWS), and public non-transient non-community (NTNC) water systems that are designated emergency shelters. This evaluation is phase one of an initiative to increase the resiliency of public water systems to adverse operating conditions, including loss of electrical power. DWGWPD's assigned contractor will provide free sizing, design, and benefit-cost analysis for auxiliary power supplies to operate water system infrastructure during interruptions to the main electrical supply. For the second phase of this initiative, the DWGWPD intends to combine these standby power evaluations into a single application for a grant offered by Federal Emergency Management Agency's (FEMA) Hazard Mitigation Grant Program to assist selected public drinking water systems with the purchase and install of standby power. To be eligible to participate in this second phase of the initiative, the Water System must be prepared to pay 25% of the capital (equipment and installation) costs associated with the of standby power equipment. Questions regarding this application should be directed to Allison Murphy at allison.murphy@vermont.gov or 802-272-2449. This initiative is contingent upon funding.

Eligibility Requirements:

- Applicants must be the Owner of a Publicly-owned, non-profit, active, Public Community Water System located in Vermont, or a Public Non-Transient Non-Community Water System that is a dedicated emergency shelter located in Vermont;
- the Applicant shall provide the assistance of the Water System's certified operator, financial staff, or other appropriate staff as necessary to provide the DWGWPD's contractor information and access to Water System infrastructure as part of the standby power evaluation.
- Applications must identify electrically powered equipment that currently lacks adequately sized standby power and is not located in a flood hazard area (as defined by FEMA 2015 HMA Grant Program Guidance).
- If selected by DWGWPD to participate in the second phase (grant application opportunity) of the initiative, the Applicant must demonstrate the capability to provide 25% of the capital costs associated with the cost share of standby power equipment.

Please return to address below:

Electronic Submittals: [ftp://ftp.anr.state.vt.us/Public Water Supply/](ftp://ftp.anr.state.vt.us/Public%20Water%20Supply/) (NOTE: link **MUST** be opened in Windows Explorer, not a web browser)

Drinking Water and Groundwater Protection Division
Attn: Allison Murphy
1 National Life Drive, Main 2
Montpelier, VT 05620-3521
Fax: 802-828-1541

This form and related environmental information are available electronically via the internet. For information visit us through the Vermont Homepage at <http://www.vermont.gov> or visit directly at <http://www.vermontdrinkingwater.org>

Drinking Water and Groundwater Protection Division

Standby Power Evaluation Request Form

Part 1: Water System Contacts and Certifications

Water System Name		WSID #	
Name of Water System Owner			

Project Point of Contact Information			
This contact will be responsible for correspondence with DWGWPD staff and coordinating with assigned contractor and Water System staff to complete any required site visits and/or paperwork.			
Contact Name and Title			
Business Phone		Business Cell	
Business Email			

Certified Operator Contact Information			
This contact will be responsible for providing assigned contractor access to Water System infrastructure and aiding with auxiliary power sizing and design considerations.			
Certified Operator			
Business Phone		Business Cell	
Business Email			

Financial Contact Information			
The financial contact will need to provide information required for the benefit-cost analysis and 25% cost share required under the Hazard Mitigation Grant Program Application.			
Financial Contact			
Business Phone		Business Cell	
Business Email			

Certifications	
<p>Phase 1: If chosen to receive a free standby power evaluation, appropriate staff from the Water System (certified operator, financial contact, etc.) will be available to assist the DWGWPD contractor as needed during the evaluation work.</p> <p>I agree with the terms for Phase 1 of the Standby Power Initiative: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Phase 2: If selected by DWGWPD to participate in the grant application opportunity, the Applicant hereby certifies that they are prepared, willing, and capable of meeting the financial obligations of the 25% cost share required under the Hazard Mitigation Grant Program Application.</p> <p>I agree with the terms for Phase 2 of the Standby Power Initiative: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Signature of Water System Owner or Legal Representative: _____</p> <p>Printed Name and Title: _____ Date: _____</p> <p><i>Note:</i> This form must be signed by the Water System Owner or a representative of the Owner who has been granted legal authority to sign on behalf of the Owner. Authorized individuals include a principal/member of the owning entity, a board or committee member, a town official, or other authorized individual.</p>	

Part 2: Demonstration of Need

<p>What types of infrastructure/facilities would be served by standby power? Attach additional pages as necessary.</p>	
<p>Is this application related to a sanitary survey deficiency? If yes, please describe. Attach additional pages as necessary.</p>	
<p>Is this request related to a Permit to Operate condition? If yes, please describe. Attach additional pages as necessary.</p>	

Part 3: Identification of Sensitive Populations

<p>Total population (number of connections and approximate number of individuals) proposed to be served by standby power</p>	
<p>Are any of these sensitive populations proposed to be served by standby power?</p>	<p><input type="checkbox"/> Schools <input type="checkbox"/> Homeless Shelters <input type="checkbox"/> Hospitals <input type="checkbox"/> Emergency Shelters <input type="checkbox"/> Eldercare Facilities <input type="checkbox"/> Other, please describe below</p>
<p>For all sensitive populations checked above, please list the name of the facility, a brief description, and an estimate of the population served. Attach additional pages as necessary.</p>	

Part 4: Standby Power Summary

<p>Has the Water System been impacted by power outages in the past? Attach additional pages as necessary.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe and attach any documentation available:</p>
<p>Has the Water System taken or completed any previous mitigation efforts (e.g. floodproofing or relocating critical infrastructure)? Attach additional pages as necessary.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>
<p>Does the Water System have existing generators? Attach additional pages as necessary.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, outline facilities served and why it is insufficient:</p>
<p>Does the Water System have atmospheric storage greater than or equal to average day demand? Attach additional pages as necessary.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain why Water System is considering auxiliary power:</p>