



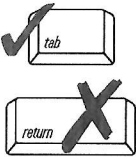
Scope of Work – Budget

* Indicates
required field

A. PWS Information

Housatonic Water Works Company	1113003	COM
PWS Name *	PWS ID # *	PWS Class * (COM, NTNC, or TNC)

Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.



B. Budget

Prepare your budget using the table provided below. The budget should identify the items or services for which you are requesting funding from MassDEP, including personnel, planning, design, pilot-testing of treatment, engineering services, construction, and construction contingency.

Description of Expenses shall be consistent with those identified in EPA's *EC-SDC Grant Implementation Document* (<https://www.epa.gov/system/files/documents/2023-02/EC%20Grant%20implementation%20manual%20February%202023%20final%20508%200.pdf>), Categories 1-9, Appendix D or Workforce Development as described in Appendix C and shown below. Please indicate the appropriate category, 1-11 in the first column.

Expense Category	Expense Description	Expense Category	Expense Description
1	Research and Testing	2	Planning and Design to Address Emerging Contaminant(s)
3	Treatment of Emerging Contaminant(s)	4	Source Water Activities Related to Emerging Contaminant(s)
5	Storage	6	Water System Restructuring, Consolidation, or Creation
7	Providing Households Access to Drinking Water Services	8	Technical Assistance
9	Public Communication, Engagement, and Education	10	Workforce Development Activities
11	Other		

Expense Category (1-11)	Expense Description	Estimated Cost	Explain how costs were estimated and justification of these costs. <i>For example, a \$10,000 line item for a consultant would include an explanation of the major tasks to be performed, the number of hours per task and the hourly rate/cost.</i>
3	Manganese Removal Project	\$1,285,000	Treatment of Emerging Contaminants
3	20% Contingency	\$257,000	Treatment of Emerging Contaminants
8	Engineering & Design	\$128,500	Technical Assistance



Scope of Work – Budget

Expense Category (1-11)	Expense Description	Estimated Cost	Explain how costs were estimated and justification of these costs. <i>For example, a \$10,000 line item for a consultant would include an explanation of the major tasks to be performed, the number of hours per task and the hourly rate/cost.</i>

C. Project Schedule and Cost Table

** Eligible costs must be consistent with those identified in the *EC-SDC Guidance, Appendices C and D*

Project Schedule & Cost	Start Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)	Total Cost (\$)	Eligible Cost ** (\$)
	12/1/2024	9/30/2025	\$1,670,000	\$350,000

D. Cash Flow Projections

Identify the project's projected quarterly activities and expenses. *If quarterly projections are not currently available, divide the project costs evenly over the length of the project.*

Cash Flow Projection List Month/Year	Eligible Cost
12/1/2024	\$35,000
1/1/2025	\$35,000
2/1/2025	\$35,000
3/1/2025	\$35,000
4/1/2025	\$35,000
5/1/2025	\$35,000
6/1/2025	\$35,000
7/1/2025	\$35,000



Scope of Work – Budget

Cash Flow Projection List Month/Year	Eligible Cost
8/1/2025	\$35,000
9/1/2025	\$35,000

Return your completed Scop of Work – Budget Form along with your Scope of Work – Short Form (SOW-S) or Scope of Work – Long Form (SOW-L) to program.director-dwp@mass.gov, Subject: EC-SDC Grant, PWS ID#.



Scope of Work – Short Form (SOW-S)

Overview

A *Scope of Work – Short Form (SOW-S)* must be completed by each Public Water Supplier (PWS) or designated representative seeking an EC-SDC grant. **The SOW-S form should ONLY be completed by PWS in disadvantaged communities. PWS NOT in disadvantaged communities must use the *Scope of Work – Long Form (SOW-L)*.** MassDEP will review projects for eligibility for an EC-SDC grant on an individual rolling basis. Applicants should note that the submission of an SOW does not constitute a binding commitment by MassDEP to award a grant.

Eligibility

PWS located in a disadvantaged community (as defined by the [Clean Water Trust's Disadvantaged Community Program](https://www.mass.gov/info-details/the-disadvantaged-community-program) [<https://www.mass.gov/info-details/the-disadvantaged-community-program>]) are eligible for consideration of this grant and can complete the *Scope of Work – Short Form (SOW-S)*.

Submission & Review Process

Applicant PWS must complete this *Scope of Work – Short Form (SOW-S)* form within 30 days of receipt of MassDEP's request to complete. Return the completed form to program.director-dwp@mass.gov (Subject: EC-SDC Grant, PWSID #). PWS may also contact MassDEP at this [address](#) to request additional time to complete the SOW. Please include your PWS ID # in the subject line of the email.

Upon submission of the SOW:

- The SOW will be reviewed by MassDEP.
- If the SOW and accompanying documentation is sufficient, MassDEP will forward the project to EPA for review and consideration.
- If additional information is needed, MassDEP will contact PWS.
- If the project described in the SOW is approved, MassDEP will notify the PWS and include a Contract Completion Grant Form to be completed and submitted.
- Submission will generate contract documents for review by MassDEP, applicable contract documents will be returned to the PWS for signature and submission of signed copies to MassDEP/DWP.
- MassDEP will review the completed contract documents and, if accepted, issue approval for the PWS to submit invoices to MassDEP for payment based on completed work.



Massachusetts Department of Environmental Protection
Bureau of Water Resources – Drinking Water Program
**Emerging Contaminants in Disadvantaged Communities
(EC-SDC) Grant**

Grant Number:
00A01226

Scope of Work – Short Form (SOW-S)

* Indicates
required field

A. Applicant PWS Information

<u>Housatonic Water Works Company</u>	<u>1113003</u>	<u>COM</u>
PWS Name *	PWS ID # *	PWS Class * (COM, NTNC, or TNC)
<u>Great Barrington</u>	<u>1795</u>	<u>TDUSJFWQRJK8</u>
City/Town *	Population Served *	UEI** (unique entity identifier)

**As of April 4, 2022, a UEI number is necessary for all entities that receive federal grant funds. If your entity does not have a UEI number or if you are uncertain whether one has been assigned, please see this [Important Notice](#). The contract necessary to begin this project cannot be executed without an UEI number.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



B. Legally Responsible Party

The legally responsible party is the individual who has the ultimate authority to ensure that your system is in compliance with federal and state drinking water regulations and grant contract conditions. This may be the owner of a private facility, a town or school official, or other similarly authorized person. Refer to the [Secretary of the Commonwealth of Massachusetts business entity search website](#) [<https://corp.sec.state.ma.us/corpweb/CorpSearch/CorpSearch.aspx>].

Housatonic Water Works Company

Legally Responsible Party Name (Individual's Full Name and/or Company Name) *

80 Maple Avenue,STE 1

Street Address Line 1 *

Street Address Line 2 *

Great Barrington

City/Town *

MA

State *

01230

Zip Code *

C. Authorized Representative

The authorized representative is the representative of the applicant to sign for, accept, and take whatever action is necessary relative to the project.

Frederick J. Mercer

PWS Authorized Representative Full Name *

President

Title *



Massachusetts Department of Environmental Protection
Bureau of Water Resources – Drinking Water Program
**Emerging Contaminants in Disadvantaged Communities
(EC-SDC) Grant**

Grant Number:
00A01226

Scope of Work – Short Form (SOW-S)

D. Primary Point of Contact

If an individual other than the authorized representative, identified in section C above, will serve as the Applicant's contact person for day-to-day management of the project, provide that person's information. If the Authorized Representative is the primary point of contact, provide the Authorized Representative's contact information.

James J. Mercer

Contact Person's Full Name *

Treasurer

Title *

housatonicwater@gmail.com

Email Address *

Phone Number *

413.528.1780

Street Address Line 1 *

80 Maple Avenue, STE 1

Street Address Line 2 *

Great Barrington

MA

01230

City/Town *

State *

Zip *

E. Project Type

1. Select ALL applicable Project Category type(s): *

See [EPA's EC-SDC Grant Implementation Document](https://www.epa.gov/system/files/documents/2023-02/EC%20Grant%20implementation%20manual_February%202023_final_508_0.pdf) [https://www.epa.gov/system/files/documents/2023-02/EC%20Grant%20implementation%20manual_February%202023_final_508_0.pdf]. Appendix D for **examples of** activities that can be funded under categories 1-9 below. Appendix C provides **examples of** Workforce Development (category 10) activities that can be funded through this grant.

** If you select this project type, you must answer question #3 and #4 below in this section (Section F).

- ☒ 1 - Research and Testing
- ☒ 2 - Planning and Design to Address Emerging Contaminant(s)
- ☒ 3 - Treatment of Emerging Contaminant(s)
- ☐ 4 - Source Water Activities Related to Emerging Contaminant(s)
- ☐ 5 - Storage
- ☐ 6 - Water System Restructuring, Interconnection, Consolidation or Creation **
- ☐ 7 - Providing Households Access to Drinking Water Services
- ☒ 8 - Technical Assistance
- ☐ 9 - Public Communication, Engagement, and Education
- ☐ 10 - Workforce Development
- ☐ 11 - Other



Scope of Work – Short Form (SOW-S)

2. If “Other” selected above, specify

You must answer this question if you selected *PWS Interconnection* or *Water System Restructuring or Consolidation* above for question #1 in this section (Section F).

3. If *PWS Interconnection* or *Water System Restructuring or Consolidation* was selected for the project type above, are multiple PWS participating in this project? (PWS are “participating” if they are involved in construction or receiving or providing water through the interconnection or consolidation).
Each participating PWS will need to complete an appropriate scope of work for the part for which they are receiving a grant.

☐ YES ☒ NO

If YES, identify all participating PWS below:

PWS ID	PWS NAME	Receiving or Providing Water through the interconnection or consolidation? Yes/No/NA	Will be doing construction related to the project? Yes/No/NA	Separate EC-SDC Grant Award, PWS will complete a separate SOW? Yes/No/NA
		Select One	Select One	Select One
		Select One	Select One	Select One
		Select One	Select One	Select One
		Select One	Select One	Select One
		Select One	Select One	Select One

If you need to list additional PWS please use a separate sheet.

You must answer this question if you selected *PWS Interconnection* or *Water System Restructuring or Consolidation* above for question #1 in this section (Section F).

4. If *PWS Interconnection* or *Water System Restructuring or Consolidation* was selected for the project type above, is there a **principal** PWS for contracting and invoices purposes?
Note: If you answer NO then each PWS will be contracted and invoiced separately.

☐ YES ☒ NO

Principal PWS ID # _____ Principal PWS Name _____

5. If this project will have a public health impact on sensitive populations, identify the sensitive populations that will be impacted. *

☒ Childcare Facility ☒ School ☐ Medical Facility
☐ Other Describe: _____



Scope of Work – Short Form (SOW-S)

F. Project Details

Manganese Removal Project

Project Title *

12/1/ 2024

Project Start Date *

9/30 2025

Project End Date *

\$1.67 million

Total Project Cost *

If total cost is greater than the proposed grant amount, provide a breakdown of costs by funding amounts and identify types of funding in Section G (Budget & Deliverables).

1. Describe the project: *

The company's engineers evaluated different technologies to remediate the Manganese issue and concluded that Green Sand Filtration was the best alternative for our system. Following a successful year-long pilot study using this technology, the company now seeks to implement a full-scale green sand filtration system to solve the manganese problem.

The project will include the construction of a new treatment facility to house the new treatment system and other improvements ancillary to its implementation.

2. We are seeking reimbursement for work conducted between July 1, 2023, and the contract execution date. *

☐ YES

☒ NO

If yes, describe the work performed as of July 1, 2023, and the costs incurred:



Scope of Work – Short Form (SOW-S)

3. Which Emerging Contaminant(s) are being or will be addressed? *
Emerging contaminants are those that are on EPA's Contaminant Candidate Lists (CCL) found on EPA's website at <https://www.epa.gov/ccl>.

Manganese 7439-96-5 CASRN

1. Which Census tract(s)/block(s) will benefit or be impacted by this project? *
Instructions on how to identify Census Tracts can be found on the Climate and Economic Justice webpage available at [Explore the map - Climate & Economic Justice Screening Tool \(geoplatform.gov\)](https://screeningtool.geoplatform.gov/en/#3/33.47/-97.5) [<https://screeningtool.geoplatform.gov/en/#3/33.47/-97.5>].

Tract information
Number: 25003924100
County: Berkshire County
State: Massachusetts
Population: 1,795

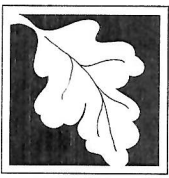
This tract is considered disadvantaged because it meets one burden threshold (low income) and the associated socioeconomic threshold.

G. Budget & Deliverables *

Prepare your budget using the *Scope of Work: Budget Form* and submit it with this application. The budget should identify the items or services for which you are requesting funding from MassDEP, including personnel, planning, design, pilot-testing of treatment, engineering services, construction, and construction contingency.

H. Climate Resiliency

1. If the project addresses climate resiliency, select the types of natural hazard risk(s), extreme weather event(s), and resilience risk(s) it addresses or check the project does not address climate resiliency below: *
- | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Wildfires | <input type="checkbox"/> Hurricanes & Coastal Flooding |
| <input type="checkbox"/> Inland and Riverine Flooding | <input type="checkbox"/> Extreme Heat |
| <input type="checkbox"/> Drought | <input type="checkbox"/> Landslides/Mudslides |
| <input type="checkbox"/> Tornados | <input type="checkbox"/> Earthquakes |
| <input checked="" type="checkbox"/> Climate Change | <input type="checkbox"/> Preparation, Mapping, Projection |
| <input type="checkbox"/> Implementation of weather/water system communication alert | |



Massachusetts Department of Environmental Protection
Bureau of Water Resources – Drinking Water Program
Emerging Contaminants in Disadvantaged Communities
(EC-SDC) Grant

Grant Number:
00A01226

Scope of Work – Short Form (SOW-S)

☐ Development of adaptation, mitigation, or resiliency plan

☐ Other

If "Other", describe:

☐ This project does not address Climate Resiliency.

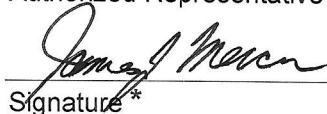
2. If the project addresses climate resiliency, provide information regarding the natural hazard risk(s) or extreme weather event resilience components addressed in the project, including the percentage of the grant directed to address resiliency.

I. Certification Statement

I certify, under penalty of law, that this application and all attachments were prepared under my supervision, in accordance with a system designed to ensure qualified personnel properly gathered and evaluated the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate and complete.

James J. Mercer

Authorized Representative (print full name) *



Signature *

Treasurer

Title *

March 26, 2024

Date *



Scope of Work – Short Form (SOW-S)

Overview

A *Scope of Work – Short Form (SOW-S)* must be completed by each Public Water Supplier (PWS) or designated representative seeking an EC-SDC grant. **The SOW-S form should ONLY be completed by PWS in disadvantaged communities. PWS NOT in disadvantaged communities must use the *Scope of Work – Long Form (SOW-L)*.** MassDEP will review projects for eligibility for an EC-SDC grant on an individual rolling basis. Applicants should note that the submission of an SOW does not constitute a binding commitment by MassDEP to award a grant.

Eligibility

PWS located in a disadvantaged community (as defined by the [Clean Water Trust's Disadvantaged Community Program](https://www.mass.gov/info-details/the-disadvantaged-community-program) [<https://www.mass.gov/info-details/the-disadvantaged-community-program>]) are eligible for consideration of this grant and can complete the *Scope of Work – Short Form (SOW-S)*.

Submission & Review Process

Applicant PWS must complete this *Scope of Work – Short Form (SOW-S)* form within 30 days of receipt of MassDEP's request to complete. Return the completed form to program.director-dwp@mass.gov (*Subject: EC-SDC Grant, PWSID #*). PWS may also contact MassDEP at this [address](#) to request additional time to complete the SOW. Please include your PWS ID # in the subject line of the email.

Upon submission of the SOW:

- The SOW will be reviewed by MassDEP.
- If the SOW and accompanying documentation is sufficient, MassDEP will forward the project to EPA for review and consideration.
- If additional information is needed, MassDEP will contact PWS.
- If the project described in the SOW is approved, MassDEP will notify the PWS and include a Contract Completion Grant Form to be completed and submitted.
- Submission will generate contract documents for review by MassDEP, applicable contract documents will be returned to the PWS for signature and submission of signed copies to MassDEP/DWP.
- MassDEP will review the completed contract documents and, if accepted, issue approval for the PWS to submit invoices to MassDEP for payment based on completed work.



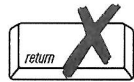
Massachusetts Department of Environmental Protection
Bureau of Water Resources – Drinking Water Program
**Emerging Contaminants in Disadvantaged Communities
(EC-SDC) Grant**

Grant Number:
00A01226

Scope of Work – Short Form (SOW-S)

* Indicates
required field

Important: When
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only the tab key to
move your cursor -
do not use the return
key.



A. Applicant PWS Information

<u>Housatonic Water Works Company</u> PWS Name *	<u>1113003</u> PWS ID # *	<u>COM</u> PWS Class * (COM, NTNC, or TNC)
<u>Great Barrington</u> City/Town *	<u>1795</u> Population Served *	<u>TDUSJFWQRJK8</u> UEI** (unique entity identifier)

**As of April 4, 2022, a UEI number is necessary for all entities that receive federal grant funds. If your entity does not have a UEI number or if you are uncertain whether one has been assigned, please see this [Important Notice](#). The contract necessary to begin this project cannot be executed without an UEI number.

B. Legally Responsible Party

The legally responsible party is the individual who has the ultimate authority to ensure that your system is in compliance with federal and state drinking water regulations and grant contract conditions. This may be the owner of a private facility, a town or school official, or other similarly authorized person. Refer to the [Secretary of the Commonwealth of Massachusetts business entity search website](#) [<https://corp.sec.state.ma.us/corpweb/CorpSearch/CorpSearch.aspx>].

<u>Housatonic Water Works Company</u>		
Legally Responsible Party Name (Individual's Full Name and/or Company Name) *		
<u>80 Maple Avenue,STE 1</u>		
Street Address Line 1 *		
Street Address Line 2 *		
<u>Great Barrington</u> City/Town *	<u>MA</u> State *	<u>01230</u> Zip Code *

C. Authorized Representative

The authorized representative is the representative of the applicant to sign for, accept, and take whatever action is necessary relative to the project.

<u>Frederick J. Mercer</u> PWS Authorized Representative Full Name *	<u>President</u> Title *
-------------------------------------------------------------------------	-----------------------------



Scope of Work – Short Form (SOW-S)

D. Primary Point of Contact

If an individual other than the authorized representative, identified in section C above, will serve as the Applicant's contact person for day-to-day management of the project, provide that person's information. If the Authorized Representative is the primary point of contact, provide the Authorized Representative's contact information.

James J. Mercer

Contact Person's Full Name *

Treasurer

Title *

housatonicwater@gmail.com

Email Address *

Phone Number *

413.528.1780

Street Address Line 1 *

80 Maple Avenue, STE 1

Street Address Line 2 *

Great Barrington

MA

01230

City/Town *

State *

Zip *

E. Project Type

1. Select ALL applicable Project Category type(s): *

See *EPA's EC-SDC Grant Implementation Document* [https://www.epa.gov/system/files/documents/2023-02/EC%20Grant%20implementation%20manual_February%202023_final_508_0.pdf] Appendix D for **examples of** activities that can be funded under categories 1-9 below. Appendix C provides **examples of** Workforce Development (category 10) activities that can be funded through this grant.

** If you select this project type, you must answer question #3 and #4 below in this section (Section F).

- ☒ 1 - Research and Testing
- ☒ 2 - Planning and Design to Address Emerging Contaminant(s)
- ☒ 3 - Treatment of Emerging Contaminant(s)
- ☐ 4 - Source Water Activities Related to Emerging Contaminant(s)
- ☐ 5 - Storage
- ☐ 6 - Water System Restructuring, Interconnection, Consolidation or Creation **
- ☐ 7 - Providing Households Access to Drinking Water Services
- ☒ 8 - Technical Assistance
- ☐ 9 - Public Communication, Engagement, and Education
- ☐ 10 - Workforce Development
- ☐ 11 - Other



Scope of Work – Short Form (SOW-S)

2. If “Other” selected above, specify

You must answer this question if you selected *PWS Interconnection* or *Water System Restructuring or Consolidation* above for question #1 in this section (Section F).

3. If *PWS Interconnection* or *Water System Restructuring or Consolidation* was selected for the project type above, are multiple PWS participating in this project? (PWS are “participating” if they are involved in construction or receiving or providing water through the interconnection or consolidation).
Each participating PWS will need to complete an appropriate scope of work for the part for which they are receiving a grant.

☐ YES ☒ NO

If YES, identify all participating PWS below:

PWS ID	PWS NAME	Receiving or Providing Water through the interconnection or consolidation? Yes/No/NA	Will be doing construction related to the project? Yes/No/NA	Separate EC-SDC Grant Award, PWS will complete a separate SOW? Yes/No/NA
		Select One	Select One	Select One
		Select One	Select One	Select One
		Select One	Select One	Select One
		Select One	Select One	Select One
		Select One	Select One	Select One

If you need to list additional PWS please use a separate sheet.

You must answer this question if you selected *PWS Interconnection* or *Water System Restructuring or Consolidation* above for question #1 in this section (Section F).

4. If *PWS Interconnection* or *Water System Restructuring or Consolidation* was selected for the project type above, is there a **principal** PWS for contracting and invoices purposes?
Note: If you answer NO then each PWS will be contracted and invoiced separately.

☐ YES ☒ NO

Principal PWS ID # Principal PWS Name

5. If this project will have a public health impact on sensitive populations, identify the sensitive populations that will be impacted. *

☒ Childcare Facility ☒ School ☐ Medical Facility

☐ Other Describe:



Scope of Work – Short Form (SOW-S)

F. Project Details

Manganese Removal Project

Project Title *

12/1/ 2024

Project Start Date *

9/30 2025

Project End Date *

\$1.67 million

Total Project Cost *

If total cost is greater than the proposed grant amount, provide a breakdown of costs by funding amounts and identify types of funding in Section G (Budget & Deliverables).

1. Describe the project: *

Since 2018 Manganese has been detected year-round in the source, Long Pond, where periodic manganese spikes have reached as high as 0.34 mg/L for both the raw and finished water. The company now seeks to implement a full-scale green sand filtration system to solve the manganese problem.

The project will include the construction of a new treatment facility to house the new treatment system and other improvements ancillary to its implementation.

2. We are seeking reimbursement for work conducted between July 1, 2023, and the contract execution date. *

☐ YES

☒ NO

If yes, describe the work performed as of July 1, 2023, and the costs incurred:



Scope of Work – Short Form (SOW-S)

3. Which Emerging Contaminant(s) are being or will be addressed? *
- Emerging contaminants are those that are on EPA's Contaminant Candidate Lists (CCL) found on EPA's website at <https://www.epa.gov/ccl>.*

Manganese 7439-96-5 CASRN

1. Which Census tract(s)/block(s) will benefit or be impacted by this project? *
- Instructions on how to identify Census Tracts can be found on the Climate and Economic Justice webpage available at [Explore the map - Climate & Economic Justice Screening Tool \(geoplatform.gov\)](#) [<https://screeningtool.geoplatform.gov/en/#3/33.47/-97.5>].*

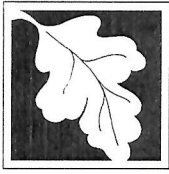
Tract information
Number: 25003924100
County: Berkshire County
State: Massachusetts
Population: 1,795
This tract is considered disadvantaged because it meets one burden threshold (low income) and the associated socioeconomic threshold.

G. Budget & Deliverables *

Prepare your budget using the *Scope of Work: Budget Form* and submit it with this application. The budget should identify the items or services for which you are requesting funding from MassDEP, including personnel, planning, design, pilot-testing of treatment, engineering services, construction, and construction contingency.

H. Climate Resiliency

1. If the project addresses climate resiliency, select the types of natural hazard risk(s), extreme weather event(s), and resilience risk(s) it addresses or check the project does not address climate resiliency below: *
- | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Wildfires | <input type="checkbox"/> Hurricanes & Coastal Flooding |
| <input type="checkbox"/> Inland and Riverine Flooding | <input type="checkbox"/> Extreme Heat |
| <input type="checkbox"/> Drought | <input type="checkbox"/> Landslides/Mudslides |
| <input type="checkbox"/> Tornados | <input type="checkbox"/> Earthquakes |
| <input type="checkbox"/> Climate Change | <input type="checkbox"/> Preparation, Mapping, Projection |
| <input type="checkbox"/> Implementation of weather/water system communication alert | |



Massachusetts Department of Environmental Protection
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Scope of Work – Short Form (SOW-S)

☐ Development of adaptation, mitigation, or resiliency plan

☐ Other

If "Other", describe:

☒ This project does not address Climate Resiliency.

2. If the project addresses climate resiliency, provide information regarding the natural hazard risk(s) or extreme weather event resilience components addressed in the project, including the percentage of the grant directed to address resiliency.

I. Certification Statement

I certify, under penalty of law, that this application and all attachments were prepared under my supervision, in accordance with a system designed to ensure qualified personnel properly gathered and evaluated the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate and complete.

James J. Mercer

Authorized Representative (print full name) *

Signature *

Treasurer

Title *

March 28, 2024

Date *