

Lead in Drinking Water Grant Mitigation Application Form (March 2024)

ORGANIZATION INFORMATION	
Organization Name	
Organization Address	
Organization Email	
Organization Phone	
APPLICATION REPRESENTATIVE	
Name	
Title	
Phone	
Cell Phone	
Email	
<p>Choose ONLY ONE category for your project (multiple applications are allowed)</p> <p><input type="checkbox"/> Category 1: Drinking Water Lead Mitigation (School)</p> <p><input type="checkbox"/> Category 2: Drinking Water Lead Mitigation (Child Care Centre)</p> <p><input type="checkbox"/> Category 3: Retroactive Drinking Water Lead Mitigation (School and Child Care Centre)</p>	

PROJECT PROPOSAL	
Attach additional pages if necessary.	
Project Overview / Summary Provide a concise summary of proposed work	
Proposed Start Date	
Proposed End Date	
Project Location (street address, community, and postal code,	
Number of drinking water fixtures for remediation	
Number of children who have	

access to the drinking water fixture(s)	
Age of the youngest children who generally attend the facility	
How often are the children exposed to the source?	<input type="checkbox"/> Rare (Once / month or less) <input type="checkbox"/> Occasional (Water sometimes used for drinking, little food preparation) <input type="checkbox"/> Regular (Water regularly used for drinking and food preparation)
Alternate options	<input type="checkbox"/> Other source of drinking water in the same room <input type="checkbox"/> Other source of drinking water in the building <input type="checkbox"/> No other source of drinking water
When can the work be completed?	<input type="checkbox"/> Short-term (1-2 weeks) <input type="checkbox"/> Mid-term (2-8 weeks) <input type="checkbox"/> Long-term (more than 2 months)
Other sources of Funding	<input type="checkbox"/> Independent Grant <input type="checkbox"/> Other Government Funding <input type="checkbox"/> None
Attach most current test results to email	<ul style="list-style-type: none"> • Attach laboratory report (required)
Category 1 and 2 Attach estimates or quotes to email	<ul style="list-style-type: none"> • 3 quotes for funding requests greater than \$5000 • 1 quote for funding requests less than \$5000 <p>The \$5000 threshold is cumulative, meaning additional requests for a site will be added to any prior funds granted. 3 quotes will be required for any sites with a cumulative funding request greater than \$5000.</p>
Category 3 (Retroactive Projects) Attach invoices to email	
ESTIMATED PROJECT COST	

The personal information collected in this form is required by Manitoba Environmental Industries Association (MEIA) for the administration of the Lead Mitigation Grant. This information will not be disclosed to or shared with any other third parties, except as allowed by the Freedom of Information and Protection of Privacy Act.

I, the undersigned, hereby declare that I am the authorized representative of the Applicant (K-12 School/Child Care Centre), and in that capacity have read and understood the program



Funding for this project has been provided by the Manitoba government.



guidelines and will carry out the project as described in this grant application. I understand that if the grant application is successful, I agree to be bound by the agreement terms and conditions as described below:

- Spend the grant funds as proposed and approved. MEIA requires repayment of funds not used for the proposed and approved work in the grant application.
- Notify and seek approval from MEIA as soon as possible in the event of any changes to project work, scope, or timelines.
- Complete work within 3 months of notification of grant approval. Extension of project must be approved by MEIA.
- Acknowledge the assistance of Manitoba in partnership with MEIA in all promotional materials for which support was provided.
- Submit a narrative and financial final report to MEIA within 30 days after the project is completed.
- **Perform post-mitigation testing to confirm removal of lead.**
- By submitting this application, I agree that the data collected may be used and published by the Manitoba government.

Authorized Signature	
Print Name and Title	
Date	
Email application and all documentation to drinkingwater@meia.mb.ca	



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