

Very Small System Total Coliform Grant (VSSTCG) Application

Please complete this form and return to the Maine Drinking Water Program. Contact Sofia Licht at (207) 441-3217 or e-mail Sofia.Licht@maine.gov with questions.

PWS NAME: _____ PWSID#: _____

CONTACT: _____ TELEPHONE: _____

E-MAIL ADDRESS: _____ DATE: _____

ADDRESS: _____ TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

1. **Describe the Project;** *Include brief description of project and why it qualifies for a Very Small System Total Coliform Grant (see description of eligible projects). Include a project implementation schedule.*

Has this Public Water System received a Very Small Total Coliform Grant within the last ten years?
Yes No

2. **Include a quote for chlorination system installation.**
3. **If the grant funds are not enough to complete the project, how will the remaining expenses be paid? (in order to obtain grant funding, the project must be complete and operational).**

Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

**MAIL OR EMAIL
APPLICATION TO:**

DRINKING WATER PROGRAM
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Portland, ME 04102-1946
Sofia.Licht@maine.gov