



Prairielands Groundwater Conservation District

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Rainwater Harvesting Grant Program Application

Applicant's Information

Public or Community Facility/Organization Name: _____

Contact Name: _____

Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Rainwater System Information

Project physical Address: _____ City: _____

County: _____ State: _____ Zip code: _____

Describe rainwater project's intended use: _____

Grant Amount

1. Number of tanks: _____

2. Size of each tank (gallons): _____

3. Total storage capacity (gallons): _____

4. Total catchment area (sq ft.): _____

5. Estimated Cost: _____

6. Project expected start date: _____ Plan completion date: _____

Grant Program Eligibility

☐ The system will be installed within Ellis, Hill, Johnson, or Somervell County and **accessible to the public**.

☐ The system will include informational signage that:

- a) Identifies the project as participating in the Prairielands GCD Rainwater Harvesting Grant Program;
- b) Describes the purpose and benefits of rainwater harvesting;
- c) Identifies the system's storage capacity and estimated annual rainwater collection potential;
- d) Describes the estimated water savings or reduction in demand on other water supplies, as applicable; and
- e) Includes the PGCD logo and website information

☐ Rainwater from the system will be used for potable purposes and/or for outdoor landscape irrigation, subject to the following requirements:

- a) Potable Use: Systems intended for potable use must include treatment (e.g., filtration and disinfection) capable of producing water that meets applicable drinking-water standards and comply with all federal, state (e.g., TCEQ), and local codes and permits.
- b) Cross-Connection Control: Unapproved cross-connections with a public water supply or private well are prohibited. Any permitted interconnection must include appropriate cross-connection protection in accordance with applicable requirements.
- c) Labeling and Operations & Maintenance: Potable and non-potable outlets must be clearly identified, as applicable. The system owner is responsible for appropriate operation and maintenance of the system and its treatment components.
- d) Applicant Responsibility: The applicant is responsible for all required testing, operation, maintenance, permitting, and ongoing compliance with applicable health, plumbing, and other regulatory requirements.

☐ All tanks/cisterns will be installed on level, properly compacted bases capable of supporting the tanks/cisterns at full capacity

☐ Proposals for the cistern(s) or tank(s) are included with this application.

☐ Photos or diagram of sight location attached.

Applicant Certification and Acknowledgment

I, _____, as an authorized representative of _____ (Applicant"), hereby certify and acknowledge the following on behalf of the organization identified above:

1. I have read and understood the eligibility requirements, terms, and conditions outlined in the Rainwater Harvesting Grant Program Guidelines provided by Prairielands Groundwater Conservation District (PGCD).
2. I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false statements or material misrepresentations may result in the denial of the application, withdrawal of grant approval, or the recovery of any grants previously paid.

3. I understand that submission of an application does not guarantee grant funding and that the proposed project must receive approval from PGCD **before equipment is purchased or installation begins**. I further understand that purchases made or work performed prior to PGCD approval may not be eligible for reimbursement.
4. I understand that the grant funding is contingent upon the project being completed substantially as approved by PGCD and satisfying all applicable Rainwater Harvesting Grant Program requirements.
5. I understand that **the applicant is responsible** for obtaining any required permits and for all testing, operation, maintenance, and ongoing compliance with applicable health, plumbing, building, and other regulatory requirements associated with the rainwater harvesting system.
6. **On behalf of the applicant, I agree to allow** PGCD representatives reasonable access to inspect the completed rainwater harvesting system to verify that the project was installed substantially as approved and complies with applicable program requirements.
7. I understand that the grant awards are subject to the availability of funds within the Rainwater Harvesting Grant Program budget and that PGCD reserves the right to modify, suspend, or terminate the program at its discretion.
8. **On behalf of the applicant, I agree to provide** any additional documentation or information reasonably requested by PGCD to evaluate the application, verify project completion, or determine compliance with program requirements.
9. I understand that, following PGCD approval, the project must be completed and all required documentation, including proof of purchase, installation, and any other documentation required for reimbursement, must be submitted to PGCD by December 1.

By signing below, I certify that I have read and understand the requirements of the Rainwater Harvesting Grant Program and agree to comply with the terms and conditions applicable to any grant funding approved by PGCD.

Authorized Representative's Signature: _____

Printed Name: _____

Title: _____

Organization: _____

Date: _____

Office Use only:

Application Review / Preapproval

Date Application Received: _____ Total Estimated Project Cost: \$ _____

Eligible/Approved Project Cost: \$ _____ Maximum Grant Amount Approved: \$ _____

☐ Approved

☐ Denied

☐ Pending

If denied, reason: _____

PGCD Approval: _____ **Date:** _____

Post-Installation Review / Final Grant

Date Installation Completed: _____ Date Inspected: _____

Inspector: _____

Installed Storage Capacity: _____ gallons

Final Grant/Reimbursement Amount: \$ _____

☐ Approved for Payment

☐ Additional Documentation Required

Notes/Comments: _____

Final PGCD Approval: _____ **Date:** _____