

**“OTHER” - NO EXISTING
CATEGORY- PROJECT
INFORMATION**

2022 WATER CONSERVATION GRANT
PROGRAM

WCGP 002 (NEW 9/15/2022)

1. AGENCY NAME	2. DEPARTMENT NAME
3. TITLE OF PROJECT	4. DGS PROJECT TRACKING NUMBER
5. FACILITY NAME(S)	6. TYPE OF FACILITY
7. FACILITY ADDRESS	8. BUILDING SPI NUMBER
9. ESTIMATED START DATE	10. ESTIMATED COMPLETION DATE

Project Approach

11. REQUIRED DISCIPLINES: <input type="checkbox"/> CIVIL ENGINEERING <input type="checkbox"/> ARCHITECTURAL <input type="checkbox"/> STRUCTURAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> SPECIALTY CONSULTANT	12. CONSTRUCTION APPROACH: <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> CONSERVATION CORPS <input type="checkbox"/> DIRECT CONSTRUCTION UNIT <input type="checkbox"/> OTHER, DETAIL IN PROJECT	
13. REQUIRED AHJ REVIEWS <input type="checkbox"/> SMF <input type="checkbox"/> DSA <input type="checkbox"/> OSHPD <input type="checkbox"/> CDPH <input type="checkbox"/> SHPO	14. EXPLANATION OF DESIGN CAPABILITIES: <input type="checkbox"/> REGULATIONS <input type="checkbox"/> IN-HOUSE DESIGN <input type="checkbox"/> DGS DESIGN STAFF	
15. SPECIAL PROJECT CONSIDERATIONS: <input type="checkbox"/> HAZMAT ABATEMENT REQUIRED <input type="checkbox"/> INVOLVES DEMOLITION	16. BUILDING IMPACTED SYSTEMS: <input type="checkbox"/> FIRE/LIFE SAFETY <input type="checkbox"/> ACCESSIBILITY <input type="checkbox"/> STRUCTURAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL	17. EXISTING FIXTURES ARE ADA COMPLIANT: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE

“OTHER”- PROJECT HARDWARE DETAILS

18.	19.	20.
21.	22.	23.
24.	25.	26.

PROJECT COSTS		
27. ESTIMATED TOTAL PROJECT COST:	28. DEPARTMENT COST SHARE:	29. PROJECT REBATES APPLIED FOR:
30. TOTAL PROJECT FUNDING REQUESTED:		

31. "OTHER" PROJECT DESCRIPTION AND JUSTIFICATION

OTHER PROJECT INFORMATION**WATER CONSERVATION GRANT PROGRAM**

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INSTRUCTIONS

1. Agency Name - List State of California Executive Branch Agency.
2. Department Name – State of California Executive Branch Department.
3. Title of Project(s) - Provide project titles i.e., "Sacramento Field Office Fixture Replacement".
4. DGS Project Tracking Number, for DGS use only.
5. Facility Name(s) - Name of structure or facility.
6. Type(s) of Facilities – List types of facilities included in this project (i.e., field offices, dormitory, etc.).
7. Project Location(s) - Provide Street address and city of facilities included in this project.
8. Building SPI number.
9. Estimated Start date.
10. Completion Date - Department's proposed completion date of project if funding is provided.
11. All applicable boxes should be checked for Required Disciplines. If you are contracting with one consultant such as an architect, you must still list the other disciplines (consultants) that the architect must use to produce a complete set of documents. List titles of Specialty Consultants in the Detailed Description box.
12. Construction Approach is looking for the answer of who will perform the physical work to complete the project. If "Other" is checked, include a description with the rest of the detailed scope.
13. Required AHJ Reviews must be fully indicated. The Division of the State Architect (DSA) reviews are required whenever a project changes anything related to ADA access issues including items as simple as door hardware and the placement of switches and receptacles.
14. Checking Regulations indicates that the requesting department or agency will be contracting with design consultants from outside of State service and possess the required approved regulations conforming to GC 4526. Documentation of these regulations must be provided.
15. Special Projects Consideration if Hazmat abatement will be required or demolition, these considerations must be detailed in the project description.
16. When any of the "Building Impacted Systems" boxes are checked, detail the impacts in the project description.
17. Please indicate if the current fixtures being replaced meet ADA requirements.
18. Enter number and type of applicable hardware.
19. Enter number and type of applicable hardware.
20. Enter number and type of applicable hardware.
21. Enter number and type of applicable hardware.
22. Enter number and type of applicable hardware.
23. Enter number and type of applicable hardware.
24. Enter number and type of applicable hardware.
25. Enter number and type of applicable hardware.
26. Enter number and type of applicable hardware.
27. Estimated Project Cost – Estimated total cost of work proposed in this project, including all sources (grant funding, department contribution, rebates if applicable).
28. Amount to be contributed by the applicant.
29. Project Funding Requested – Total amount of grant funding requested by Department for this project.
30. Description of Proposed Work - Detailed description of proposed project utilizing grant funding.

NOTES:

Include back-up estimate forms with the Project Information form to provide additional details for evaluation.