

Print Form

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**FIXTURE REPLACEMENT AND REPAIR 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	13. 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

**PROJECT DETAILS**

18. NUMBER OF TOILETS REPLACED	19. NUMBER OF URINALS REPLACED	20. NUMBER OF AERATORS REPLACED
21. NUMBER OF SHOWERHEADS REPLACED	22. NUMBER OF LEAKS DETECTORS INSTALLED	23. NUMBER OF FAUCETS REPLACED
24. NUMBER OF OTHER FIXTURE ITEMS, SPECIFY OTHER FIXTURE TYPE	25. NUMBER OF WATER AUDITS, SURVEYS PERFORMED	
<b>PROJECT COSTS</b>		
26. ESTIMATED TOTAL PROJECT COST:	27. DEPARTMENT COST SHARE:	28. PROJECT REBATES APPLIED FOR:
29. TOTAL PROJECT FUNDING REQUESTED:		

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**30. DESCRIPTION OF PROPOSED PROJECT**

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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. Estimated Start date.
8. Project Location(s) - Provide Street address and city of facilities included in this project.
9. Building SPI number.
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. Specify the number of toilets being replaced.
19. Specify the number of urinals being replaced.
20. Specify the number of aerators being replaced.
21. Specify the number of showerheads being replaced.
22. Specify the number of leak detectors being replaced.
23. Specify the number of faucets being replaced.
24. Specify the number and type of other fixtures being replaced.
25. Number of water audits and surveys done.
26. Estimated Project Cost – Estimated total cost of work proposed in this project, including all sources (grant funding, department contribution, rebates if applicable).
27. Department contribution to the project, if any.

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28. Total of project rebates.

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.

**NOTES:**

Include Water Conservation Project Worksheets or other back-up estimate forms with the Project Information form to provide additional details for evaluation.