**Appendix A**

**Application for the EPA Region 1**

**Stormwater Toolbox Equipment Loan Program**

**Application for the EPA Region I Stormwater Toolbox Equipment Loan Program**

*(Attach additional pages as necessary)*

**1. ORGANIZATION 2. PERSON RESPONSIBLE FOR LOAN**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. IS THIS A NEW OR EXISTING MONITORING ORGANIZATION?**

□ New

□ Existing

**4. DESCRIPTION OF ORGANIZATION**

*On a separate page include: The goal of the organization, brief history of the organization, how long the organization has been in operation, the purpose of generating monitoring data, whether there any partners involved, and the reason for the equipment loan. If existing organization, describe how will the monitoring program will be improved through the equipment loan.*

**5. EXPECTED USE OF DATA**

Regulatory agency that data will be sent to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regulatory Agency contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. QAPP**

Does the organization have a current Quality Assurance Program Plan (QAPP)?

□ Yes - Date of EPA or state approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No - Target date for an approved QAPP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. WATERS TO BE MONITORED**

Name of waterbody(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Watershed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do sampling locations have latitude/longitude determined by GPS? □ Yes □ No

How many sampling stations and at what frequency will monitoring occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is a map of the area with locations of existing or planned sampling stations attached? □ Yes □ No

**8. LOAN AGREEMENT PROVISIONS – if selected, you would agree to:**

Submit data upon request □ Yes □ No

Submit annual report by February 1st of each year □ Yes □ No

Have a current QAPP in place □ Yes □ No

Store and maintain equipment in good working condition □ Yes □ No

Promptly notify EPA if equipment is lost or damaged □ Yes □ No

Designate a person to sign agreement and be responsible for equipment □ Yes □ No