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|  | Overview |
|  | The Massachusetts Department of Environmental Protection Drinking Water Program (MassDEP/DWP) is actively working to improve cybersecurity and resilience of Public Water Systems (PWS). To protect public health, cybersecurity must be addressed in a PWS Emergency Response Plan (ERP) per 310 CMR 22.04(13). PWS must have a cybersecurity assessment and plan to address acts of vandalism or sabotage, including cyber incidents, that have the potential to impact the quality or quantity of water available to the system (as required by 310 CMR 22.04(13)(a)9). The goal of this grant program is to support PWS in improving their cybersecurity defense, mitigating the risks of cyber-attacks, and enhancing overall resiliency and compliance. **There is no match requirement associated with this grant.**  To learn more about this grant, see the MA Clean Water Trust’s webpage at <https://mass.gov/info-details/public-water-suppliers-cybersecurity-improvements-grant-program>*.*  For additional information on cybersecurity, see MassDEP/DWP webpage: <https://www.mass.gov/info-details/public-drinking-water-system-operations#cybersecurity-> Or visit MassDEP/DWP Cybersecurity Resource Hub for PWS (Includes resources for PWS to improve cybersecurity defenses, mitigate cyber-attack risks, and enhance overall resiliency and compliance) at  <https://storymaps.arcgis.com/stories/35e7dc3a317445d09feb3f8c6a3d1aeb> |
|  | Application Deadlines |
|  | MassDEP is accepting applications for this grant through June 1, 2024. Applications submitted after this date will not be considered. |
|  | Who is Eligible to Apply |
|  | To be eligible to apply for the Cybersecurity Grant, a PWS must meet one of the following criteria:   * Small (serving less than 10,000 people), or * Located in a disadvantaged community, serving over 10,000 people as per the [Clean Water Trust's definition](https://www.mass.gov/info-details/the-disadvantaged-community-program) [<https://www.mass.gov/info-details/the-disadvantaged-community-program>].   **Prerequisites** (PWS must fulfill both requirements to be eligible)   * Your PWS must have operational technology (OT) equipment with a cybersecurity risk. Note: OT equipment is defined as hardware and software that detects or causes a change to water treatment and/or distribution processes through the direct monitoring or control of physical devices, processes, and events in the enterprise. OT equipment presenting a cybersecurity risk include equipment that is or may occasionally be connected after initial installation:   + to a computer (for any reason including alarm reporting and patching)   + to a network (local, wide area, or internet), or   + is remotely accessible (either for control or monitoring) * Your PWS must have completed a cybersecurity assessment performed either by the PWS, a qualified entity such as EPA, CISA, or other qualified third-party organization after January 1st, 2022, and your PWS must have created a cybersecurity assessment/evaluation program (plan) based on the assessment.   + MassDEP strongly recommends that PWS have a cybersecurity assessment performed by a qualified organization, such as the free EPA assessments currently offered here: <https://www.epa.gov/waterresilience/forms/epas-water-sector-cybersecurity-evaluation-program> |
|  | Project Eligibility |
|  | Funding can be allocated to OT cybersecurity improvement projects to proactively mitigate vulnerability to cyberattacks and strengthen the PWS's overall cybersecurity posture. Projects must be based on findings in previous assessment reports to address the identified cybersecurity findings/gaps/vulnerabilities. Some examples of projects are listed below:   * network segmentation, * improving remote access security, * upgrading, replacing, or removing unsupported and end-of-life hardware, software, and operating systems, * encryption Implementation.   This grant is NOT applicable for:   * Installation of cameras and doors * Purchasing of equipment solely for operational upgrades * IT upgrades solely for convenience and/or compatibility * Redundancy/failover technology without clear cybersecurity nexus * Additional equipment without cybersecurity nexus * Operation and maintenance expenses – including annual software subscriptions * Grant funds may not be used for reimbursement of a previously completed project or any cybersecurity activity undertaken prior to the Project Approval Certificate (PAC) date. |
|  | Funding |
|  | Grants awarded will depend on system size.   * Small Systems serving < 3,300 may be offered up to $15,000, * Small Systems serving 3,301 – 9,999 people may be offered up to $30,000, * Disadvantaged Communities serving over 10,000 people may be offered up to $50,000 |
|  | Submission and Review Process |
|  | Eligible PWS may apply on a rolling basis through June 1, 2024, or until all funds are expended. **Applications must be submitted to this secure link:** [MassDEP/DWP PWS Cybersecurity Improvement Grant Application Submission (smartsheet.com)](https://app.smartsheet.com/b/form/900e35c760c24631ac208b462048fd4b) [[https://app.smartsheet.com/b/form/ 900e35c760c24631ac208b462048fd4b](https://app.smartsheet.com/b/form/900e35c760c24631ac208b462048fd4b)].  **Note:** Application submissions made through other methods will not be accepted.  Upon submission of the application:   * Applications are reviewed by MassDEP. * MassDEP may contact PWS to verify their eligibility for this grant.   + If determined to be necessary, MassDEP will schedule a project review meeting, in person or through another secure method, to discuss your projected needs, cost, and schedule before approval is granted. * Eligible projects are approved by MassDEP and issued a Project Approval Certificate (PAC) (**See Appendix E**). * MassDEP forwards the PAC to the Massachusetts Clean Water Trust (Trust) for review and approval by a vote of the Trust’s Board of Trustees. * The Trust reviews the financial documentation submitted, and if acceptable, enters into a Grant Agreement with the PWS. * Upon receipt of the fully executed Grant Agreement, the Trust creates a grant account and funds can begin to be drawn by submitting invoices for MassDEP approval. * The Grant Agreement **must be** fully executed by June 30, 2024. * Eligible expenses incurred from the date of the PAC through the contract end date may be submitted for reimbursement. (**See Appendix F**)   + The final 10% payment will be held until the grant closeout conditions have been met (**See Appendix G**).   **Note:**  Neither the filing of an application nor the issuance by the MassDEP of a PAC constitutes a binding commitment of the Trust or MassDEP for the granting of an award. Binding commitments, subject to the availability of funds, will be issued by the Trust **upon review and confirmation** of complete and satisfactory financial information contained in the application.  **Complete the application below and submit to MassDEP Drinkng Water Program using the secure “Smart Sheet” at** [**MassDEP/DWP PWS Cybersecurity Improvement Grant Application Submission (smartsheet.com)**](https://app.smartsheet.com/b/form/900e35c760c24631ac208b462048fd4b)  **[**[**https://app.smartsheet.com/b/form/900e35c760c24631ac208b462048fd4b**](https://app.smartsheet.com/b/form/900e35c760c24631ac208b462048fd4b)**] no later than June 1, 2024. The Smart Sheet is a SECURE location, to which only specified MassDEP staff have access. If your PWS has any questions about the submission of sensitive information in this application, please contact the Drinking Water Program at** [**program.director-dwp@mass.gov**](mailto:program.director-dwp@mass.gov)**.** |

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| **\* Indicates**  **required field** | 1. Public Water Supplier (PWS) Information | | | | | | |
| PWS Name **\*** | | | PWS ID # **\*** | | | PWS Class **\*** (COM, NTNC, or TNC) |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.  keys | 1. Legally Responsible Party | | | | | | |
| The legally responsible party is the individual who has the ultimate authority to ensure that your system is in compliance with federal and state drinking water regulations and grant contract conditions. This may be the owner of a private facility, a town or school official, or other similarly authorized person. Refer to the Secretary of the Commonwealth of Massachusetts business entity search website [<https://corp.sec.state.ma.us/corpweb/CorpSearch/CorpSearch.aspx>]. | | | | | | |
| Legally Responsible Party Name **\*** | | | | | | |
| Street Address Line 1 **\*** | | | | | | |
|  | Street Address Line 2 | | | | | | |
|  | City/Town **\*** | State **\*** | | | | Zip Code **\*** | |
|  | 1. Taxpayer Identification Information | | | | | | |
|  | If you do not have a Unique Entity ID (UEI), you must apply for one. The UEI application and FAQ’s can be found on the [SAM.gov website](https://sam.gov/content/duns-uei) [<https://sam.gov/content/duns-uei>]. | | | | | | |
|  | Unique Entity ID (UID) **\*** | | FEIN **\*** | | | | Dept. of Revenue ID **\*** |
|  | 1. Authorized Representative | | | | | | |
|  | The authorized representative is the representative of the applicant to sign for, accept, and take whatever action is necessary relative to the project. | | | | | | |
|  | PWS Authorized Representative Full Name **\*** | | | | Title **\*** | | |

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|  | 1. Primary Point of Contact | | | | | |
|  | If an individual other than the authorized representative, identified in section C above, will serve as the Applicant’s contact person for day-to-day management of the project, provide that per-son’s information. If the Authorized Representative is the primary point of contact, provide the Authorized Representative’s contact information. | | | | | |
|  | Contact Person Full Name **\*** | | Title **\*** | | | |
|  | Phone Number **\*** | | Email Address **\*** | | | |
|  | Street Address Line 1 **\*** | | | | | |
|  | Street Address Line 2 | | | | | |
|  | City/Town **\*** | State **\*** | | Zip Code **\*** | | |
|  | 1. Eligibility | | | | | |
|  | 1. **To be eligible for the Cybersecurity Grant, a PWS must meet one of the following criteria (check whichever applies): \*** | | | | | |
|  | Small (serving less than 10,000 people), or  Located in a [disadvantaged community](https://www.mass.gov/info-details/the-disadvantaged-community-program) [<https://www.mass.gov/info-details/the-disadvantaged-community-program>], serving over 10,000 people. | | | | | |
|  | 1. **To qualify for a grant, your system must also meet the following criteria (a & b) below. \*** | | | | | |
|  | 1. Does your PWS have **operational technology (OT) equipment** with a cybersecurity risk?  Refer to Overview section for more information on OT equipment. PWS must have **operational technology (OT) equipment** with a cybersecurity risk. | | | | YES | NO |
|  | 1. Has your PWS completed a cybersecurity assessment performed either by the PWS, a qualified entity such as EPA, CISA, or other qualified third-party organization on or after January 1st, 2022?  PWS must have completed a cybersecurity assessment on or after January 1, 2022 | | | | YES | NO |

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|  | 1. Select the type of assessment performed. This information will be verified by MassDEP staff. | | | | | | | | | |
|  |  | | |  | | EPA Assessment | | | | |
|  | | CISA Assessment | | | | |
|  | | Other Third-Party Assessment | | Name of Third Party | | |
|  | | Self-Assessment | | | | |
|  |  | | | | | | | | | |
|  | 1. Has your PWS created a cybersecurity implementation plan based on the assessment? | | | | | | | | YES | NO |
|  | 1. Project Information | | | | | | | | | |
|  | 1. **Project Type \*** | | | | | | | | | |
|  | Funding can be allocated to OT cybersecurity improvement projects to proactively mitigate vulnerability to cyberattacks and strengthen the PWS’s overall cybersecurity posture. Some examples of projects are listed below. | | | | | | | | | |
|  | Check all that apply: | | | | | | | | | |
|  |  | |  | | Network Segmentation | | | | | |
|  |  | |  | | Improving Remote Access Security | | | | | |
|  |  | |  | | Upgrading, Replacing, or Removing Unsupported and End-of-Life Hardware, Software, and Operating Systems | | | | | |
|  |  | |  | | Encryption Implementation | | | | | |
|  |  | |  | | Other | | | | | |
|  |  | | | | If Other, describe: | | | | | |
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|  | 1. **Project Cost \*** | | | | | | | | | |
| 1MassDEP reserves the right to determine the final grant amount awarded. | Please include a cost estimate for your project.1 | | | | | | | | | |
| Please consider that projects must be completed, and all funding must be disbursed within one calendar year as stipulated in the executed Grant Agreement. | | | | | | | | | |
|  |  | $  Approximate Cost (if known) | | | | | $  If cost estimate is not available, indicate range (if known) | | | |

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|  | 1. Contractors/Consultants Support for Cybersecurity Related Projects | | | | | | | |
| All contractors / consultants not listed in the OSITS78 State Contract will need to be approved by MassDEP. | PWS are encouraged to use contractors listed under the [OSD ITS78 Statewide Contract for Data, Cybersecurity, and Related Audit Compliance and Incident Response Services](https://www.mass.gov/doc/its78/download) [<https://www.mass.gov/doc/its78/download>] | | | | | | | |
| 1. Does your PWS have a qualified cybersecurity contractor/consultant that you would prefer to use, rather than a contractor/consultant from the MassDEP provided list? **\*** | | | | | | YES | NO |
|  | 1. If “YES” above, provide the contractor/consultant’s information. | | | | | | | |
|  |  | Contractor/Consultant Name | | | FEIN | | | |
|  |  | Contact Person (Full Name) | | | Email Address | | | |
|  |  | Street Address Line 1 | | | | | | |
|  |  | Street Address Line 2 | | | | | | |
|  |  | City/Town | | State | | Zip Code | | |
|  | 1. Supplemental Requirements \* | | | | | | | |
|  | All 5 supplemental requirements below must be completed, if applicable to your system, and submitted to MassDEP, and a copy kept on file at the PWS in accordance with 310 CMR 22:17(3) for MassDEP review, prior to approval of a project and distribution of funds. (see appendices section for copies of supplemental documents)  Mark the checkbox beside the listed requirement below if it has been completed **and submitted** with your application. | | | | | | | |
|  |  |  | **Scope of Work (SOW-CYBER)**  PWS must create and have on-hand a detailed scope of work, which includes a project schedule and cost breakdown, with monthly cashflow projections. See (SOW-CYBER) for the required scope of work and tables to complete. | | | | | |
|  |  |  | **Authorized Representative Documents (Appendix A)**  An Authorized Representative must submit an ***Authority to File*** and, if applicable, a ***Certifying Statement***. Samples of both statements are provided in **Appendix A.** | | | | | |
|  |  |  | **Drafted Professional Services Agreements**  Systems must provide draft agreements for all professional services which clearly outline the duties and responsibilities of the applicant and its contractors if requested during application reviews and during grant dispersal. The agreement will include, but not be limited to, scope of work for the variousplanning tasks, cost to perform the work to be paid in accordance with the provisions of eligiblecontracts, provisional overhead rate, and time of completion.  The provisions within **Appendix B – Model Subagreement Clauses-** are to be made a  part of all professional services agreements.  We do not intend on using professional services. \*  \*If you do not intend to use professional services, the **Disadvantaged Business Enterprise** Forms and **Compliance Statement** listed below are not required. | | | | | |
|  |  |  | **Disadvantaged Business Enterprise**  Applicants receiving assistance must make positive efforts to use disadvantaged minority and women owned businesses for professional services. Such efforts should achieve a goal of 4.2% participation for disadvantaged minority business (D/MBE) and 4.5% participation for disadvantaged women owned business (D/WBE) but, at a minimum, should allow these sources the maximum feasible opportunity to compete for subagreements to be performed using state trust monies.  For more information and the required forms, see **Appendix C**. | | | | | |
|  |  |  | **Compliance Statement on MA Taxes (Chapter 233) (Appendix D)**  A statement must be signed by the consultant engineer(s) for the project that states that the engineer(s) is in compliance with Massachusetts tax laws.  A sample statement is provided in **Appendix D**. | | | | | |

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|  | 1. Certification \* | | | | | | |
|  | In submitting this Application to MassDEP, the Applicant certifies that it shall comply with the following Project related conditions and understands that the Applicant’s non-compliance with one or more of these conditions may preclude MassDEP’s issuance of a Project Approval Certificate or entry into a Project Regulatory Agreement.   1. The Grantee shall comply with the (a) the Civil Rights Act of 1964, 42 USC s.2000(1) et seq., as amended, Section 13 of the Federal Water Pollution Control Act (FWPCA) of 1972; Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, (b) the Equal Employment Opportunity requirements (Executive Order 11246), and all Executive Orders and regulations promulgated thereunder, and (c) the Affirmative Action and Minority/Women Business Enterprise (“M/WBE”) requirements in the Regulations and the federal Disadvantaged Business (DBE) rule. The Grantee shall ensure that any prime contracts or subcontracts for services, construction, goods, or equipment for the Project contain the DM/DWBE utilization goals of 4.2% D/MBE and 4.5% D/WBE. 2. Prior to receiving final payment for the Project, the Applicant shall certify to MassDEP that the Project has been completed and performed in accordance with the Project Regulatory Agreement. 3. The Applicant shall establish accounts for the Project which shall be maintained in accordance with generally accepted government accounting standards. 4. The Applicant understands that if MassDEP issues a Project Approval Certificate for this project, such action does not constitute MassDEP’s sanction or approval of any changes or deviation from any applicable state regulatory or permit standards, criteria, or conditions, or from the terms or schedules of state enforcement actions or orders applicable to the Project. 5. The Applicant shall maintain all Project records for seven years after the issuance of final payment or until any litigation, appeal, claim, or audit that is begun before the end of the seven-year period is completed and resolved, whichever is longer. 6. The Applicant agrees to provide any Project information and documentation requested by MassDEP. 7. The Applicant agrees that any proposed change in Project-related contracts which substantially modifies the Project initially proposed shall be submitted to MassDEP for prior approval. 8. The Applicant’s implementation of the Project, including the procurement of related contracts, shall comply with all applicable requirements of state and local laws, ordinances, by-laws, rules, and regulations. 9. To the best of my knowledge and belief, data provided in this application is true and correct; the documentation has been duly authorized by the governing body of the applicant. Furthermore, the applicant certifies that it possesses the legal authority to apply for the grant, and to finance and construct the proposed facilities. A resolution, motion, or similar action has been duly adopted or passed as an official act of the applicant’s governing body, authorizing the filing of the application. The same resolution, motion, or similar action is directing and authorizing the person identified below as the authorized representative of the applicant to act in connection with the application and to provide such additional information as may be required. 10. The Applicant acknowledges that there are three types of electronic signatures that will be accepted on this form:     1. **Traditional “wet signature”** (ink on paper);     2. **Electronic signature** that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory’s hand drawn signature;     3. **Electronic signature** **affixed using a digital tool such as Adobe Sign or DocuSign**.     4. **Typed text of a name not generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature**. | | | | | | |
|  | Authorized Representative Full Name **\*** | | | Title **\*** | | | |
|  |  | | | Date **\*** | | | |
|  | 1. MassDEP/DWP Use Only | | | | | | |
|  | 1. PWS Capacity Determination (Rating): | | Adequate | | Conditional | | Inadequate |
|  | 1. Grant Application Approval Status: | | Approved | | Denied | | |
|  | 1. Comments | | | | | | |
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|  | MassDEP/DWP Staff Name | | | Date | |  | |

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| **\* Indicates required field** | Instructions | | |
| Use the fields and tables below to create your project scope of work. | | |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.  keys | 1. PWS Information | | |
| PWS Name **\*** | | PWS ID # **\*** |
| 1. Project Information \* | | |
| Project Description/Summary: | | |
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|  | 1. Budget \* | | |
|  | Provide a detailed description of how the funds will be spent. Include the breakdown of the total project cost and include items such as: planning, design, engineering services, construction, and construction contingency. | | |
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|  | 1. Timeline and Deliverables | | | |
|  | Project Start Date (mm/dd/yyyy) **\*** Must be after the Contract Execution Date | | Project End Date (mm/dd/yyyy) **\*** Less than one year from start date | |
|  |  | | | |
|  | Provide project milestones, and date, below. For example, MassDEP permits, ordering, and installation, and testing. Use additional pages if necessary. | | | |
|  |  | **Milestone Description \*** | | **Milestone Date \*** |
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|  | 1. Project Cost | | | |
|  | $  Total Cost **\*** | | $  Total Eligible Cost **\*** Eligibility must be consistent with the [MassDEP Policy on Eligible Project Costs](https://www.mass.gov/doc/drinking-water-srf-eligible-project-costs-0/download) [<https://www.mass.gov/doc/drinking-water-srf-eligible-project-costs-0/download>]. | |

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|  | 1. Cash Flow Projections | | |
|  | The table below must be used to provide an estimate of monthly costs for your cybersecurity project. | | |
|  |  | **Cash Flow Projections per Month \* (enter the month and year below, e.g. Jan 2024)** | **Eligible Cost \*** |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
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|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  | **TOTAL** | $ |