



## Facility Inventory Form - Detailed Application Instructions

### For More Information

Visit the Trust website at: [www.mass.gov/swig](http://www.mass.gov/swig)

Email the SWIG team: [swig@tre.state.ma.us](mailto:swig@tre.state.ma.us) or call (617) 367-9333 x 493

### About the Massachusetts Clean Water Trust

The Massachusetts Clean Water Trust (the Trust), in collaboration with the Massachusetts Department of Environmental Protection (MassDEP), helps communities build or replace water infrastructure that enhances ground and surface water resources, ensures the safety of drinking water, protects public health and develops resilient communities. It accomplishes these objectives by providing low-interest loans and grants to cities, towns, and water utilities through the Massachusetts State Revolving Funds (SRFs). The SRF programs are partnerships between the United States Environmental Protection Agency (USEPA) and the Commonwealth. SRFs function like an environmental infrastructure bank by financing water infrastructure projects.



w: [www.mass.gov/swig](http://www.mass.gov/swig)

a: 1 Center Plaza, Suite 430 | Boston, MA 02108

e: [SWIG@tre.state.ma.us](mailto:SWIG@tre.state.ma.us) | p: 617-367-9333 x 493

## About

This document describes the fields and information requested in the SWIG Facility Inventory Form. The Facility Inventory Form (the Form) is part two of the two-part SWIG application process. Once completed please return the form to the Massachusetts Clean Water Trust by email at [SWIG@tre.state.ma.us](mailto:SWIG@tre.state.ma.us).

### Page 1 – Organization Information

This page is meant to collect and confirm Organization related information. This section includes:

1. **Organization Name:** Please provide the full legal name of the greater Organization (school district, corporation, etc.)
2. **Organization Mailing Address, City and Zip Code:** Please provide the address of the organization. This may be the same address used by the facility detailed below or a headquarters office.
3. **Organization Code:** Please provide your Massachusetts Department of Elementary & Secondary Education (DESE) District Code or Department of Early Education and Care (EEC) Identification Code.
4. **Organization Type:** Please identify if this is a public or private entity.
5. **Data Universal Number System (DUNS) Number<sup>1</sup>:** Enter the DUNS or DUNS+4 number of the applicant organization. A DUNS number is a unique nine-character number used to identify your organization. The federal government uses the DUNS number to track how federal money is allocated.
6. **Organization Point of Contact (POC) Information:** Please provide the Name, Title, Email, and Phone Number for your designated Organization POC.
7. **Facilities Contact (if different than the POC) Information:** If different than your designated POC, then please provide the contact who manages your facilities in your organization. If there is no specific individual for this role, then this may be left blank.
8. **Signature** from an Organization officer that has been authorized to submit this information on behalf of said authority.

### Page 2-11 – Facility Information

These pages collect information for each facility. Each page is meant for a single facility. To complete these pages, applicants will need access to their Lead Contamination Control Act (LCCA) Program Management Tool. Each section requests:

1. **Facility Name:** Provide the name of the facility (school, center, etc. within the district).
2. **Facility Mailing Address, City, Zip Code:** This may be the same address used by the Organization detailed above.
3. **Facility Code:** Please provide your Massachusetts Department of Elementary & Secondary Education (DESE) School Code or Department of Early Education and Care (EEC) Identification Code.
4. **Childcare Facility:** Please confirm whether or not this is a childcare facility as opposed to a school.
5. **Grade Level Served:** Please select the option that best fits the students served at this facility.
6. **Total number of enrolled students:** Please identify the total number of students enrolled at the facility.

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<sup>1</sup> If your organization does not yet have a DUNS number, or no one knows it, visit the Dun & Bradstreet (D&B) website, or call 1-866-705-5711 to register or search for a DUNS number.

7. **Total number of enrolled students in childcare, pre-k, kindergarten, and grades 1-5:** Please identify the number of operational fixtures in these categories. This does not include sink-based dispensers.
8. **Total number of currently operational water fountains, bottle filling stations, bubblers, or coolers:** Please identify the number of operational drinking water fountains. This does not include sink-based dispensers.
9. **Total number of water fountains, bubblers, or coolers with a lead exceedance above 1 part per billion:** Please identify the number of water fountains, bubblers, or coolers with a lead exceedance above 1 part per billion. This includes both operational and nonoperation (i.e. shutoff) fixtures. This does not include sink-based dispensers.
10. **Total number of bottle filling stations being requested for this facility:** Please provide the number of bottle filling stations being requested for this facility. Note that the number of fixtures installed must be less than or equal to the number of fixtures requested for replacing current fixtures with documented lead exceedances. Additionally, please identify the number that can be installed and sampled within the one (1) year time frame.
11. **Does this facility, to any degree, rely on bottled water to provide students or staff drinking water?**
12. **Is any part of the school's water service line to the local water supply made of lead?**
13. **Please Identify the Location Code(s) for Fixtures That You Wish to Replace Based on the Facility Map:** In this section, please list the LCCA location codes for water fountains, bubblers, or coolers with lead exceedances that will be replaced with a bottle filling station. The number of location codes entered should match the number of bottle stations being requested.
14. **Are any of these fixtures in shared kitchens or food preparation location?** For facilities that care for infants and toddlers only, please identify if any of the drinking water dispensers are in shared kitchens or food preparation locations.
15. **Do you plan to relocate any fixtures from their current location?** (Yes or No). The instructions for Question 10 indicate that fixtures can be relocated as long as the new fixtures replace current fixtures with documented lead exceedances.
16. **Please describe why you will be relocating fixture(s) and where you plan to install new fixture(s).** Include Location Code(s) The SWIG program allows some flexibility when installing the bottle filling stations. If the organization determined that a bottle filling station would be more efficiently placed in a location other than the location of the fixture with known lead exceedances, then identify the old location code and describe the reasoning behind the new location.

## Resources

LCCA Program Management Tool: <https://script.google.com/macros/s/AKfycbxP99K-Cd5B3ioE7nswN0peOEndcGrXwV6zJcS5iHxzGO55B1k/exec>

LCCA PMT User Guide: <https://www.mass.gov/doc/lcca-program-management-tool-user-guide>



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