



GARRETT GUILLOZET, MPA, REHS | HEALTH COMMISSIONER

470 SOUTH SANDUSKY STREET | DELAWARE, OHIO 43015

PHONE: (740) 368-1700 FAX: (740) 368-1736 | DELAWAREHEALTH.ORG



Water Bottle Refilling Station Grant Opportunity

Table of Contents

I. Introduction	2
II. Eligibility.....	2
III. Due Date	3
IV. Project Application	3
V. Formatting.....	4
VI. Scoring Rubric	4

I. Introduction

Through a grant provided by the Ohio Department of Health, the Delaware Public Health District is pleased to offer an opportunity for the community to install water bottle refilling stations throughout the Health District. The purpose of these stations is to reduce the risk of disease transmission through the touchless filling station, reduce single use plastic bottles, and encourage the drinking of water. This opportunity is contingent upon grant funding.

The Health District will supply up to 87 *Elkay EZS8WSLK Water Bottle Refilling Station* (as pictured below). Approved applicants will pick up the station at 470 S Sandusky Street, Delaware, Ohio and will be responsible to install, maintain, and ultimately dispose of the station. All applicants are required to complete this grant application and submit all supporting documents for consideration. First review of grant applications will occur after the due date of March 1, 2024. Additional applications will be accepted until grant funds have been exhausted.

Elkay Water Bottle Refilling Station



II. Eligibility

In order to be eligible for this opportunity, the following must be met:

- Proposed location must be within the Health District (all areas of Delaware County excluding those annexed by Dublin, Columbus, and Westerville).
- Any governmental agency, nonprofit, or other organization is eligible for this grant.
- The applicant must agree to all items required within the application and submit a fully completed application with any supporting documentation.
- Applicant must be able to install the station within 1 year of receiving it.
- Applicant must be willing to place a placard near the station describing that it was provided by the Health District.
- Applicant must be willing to install and maintain the station.

- Applicant must be willing to respond to inquiries from the Health District asking if the unit is still in use and notify the Health District when it is disposed of.

III. Due Date

Applications will first be due on March 1, 2024 at 4:00PM, submitted in email to:

DCRU@delawarehealth.org

or by paper to:

Delaware Public Health District
Attn: Water Bottle Refilling Station Grant
470 S Sandusky Street,
Delaware, Ohio 43015.

Health District review will begin after the due date. If grant funding remains after this date, additional applications will be accepted, but only after all those submitted by March 1, 2024 have been approved. Should this be the case, additional reviews will occur on the 2nd of every month until grant funds are exhausted.

IV. Project Application

All applicants must complete a narrative to be eligible to receive a water bottle refilling station. Applications will be scored based on the rubric in §VI of this document. If more eligible applications are received than grant funding can provide, distribution of the water bottle refilling stations will be based on the application score. Applications are expected to be submitted with a narrative not to exceed 5 pages in length. Any supporting documentation will not count towards the 5 page limit.

The narrative must include the following:

1. A description of the applicant's organization including history, mission, and information on current program or initiatives.
2. A description of the applicant's organizational type (e.g. government, nonprofit, community organization, private entity, et cetera).
3. A description of the applicant's relationship to *The Partnership for a Healthy Delaware County* or the *Delaware County Health Care Coalition*, if any.
4. A description of the proposed use (public access vs. private access) and if private access, who would have access.
5. A description of the project need including hardships and how the proposal would benefit the proposed population.
6. A description of how the proposal would address any health equity concerns.

7. A description of the expected number of weekly users and any supporting data used to make this determination.
8. A description of the plan to install the station including who will install the station, the expected timeline, and the expected cost. Any contracts may be submitted as supporting documents.
9. A note that the applicant agrees to place a placard on or near the station that notates the item was provided by the Health District. This placard will be supplied by the Health District. To fulfill this application requirement, the applicant may include a sentence stating, “*Company A* agrees to install a placard on or near the water bottle refilling station as is provided by the Health District.”
10. A note that the applicant agrees to maintain the station, respond to requests from the Health District regarding if the station is still in use, and notify the Health District upon the station’s disposal. To fulfill this application requirement, the applicant may include a sentence stating, “*Company A* agrees to maintain the water bottle refilling station, respond to inventory inquiries, and notify the Health District of its disposal.”

V. Formatting

All information must be submitted using the following format:

- Margins should be 1 inch
- Font should be 12 point, times new roman
- Spacing should be single
- A header should be supplied including applicant’s name, contact information, and proposed location on all documents.

VI. Scoring Rubric

Component	Scoring Methodology	Max Points
Turned in by due date	<ul style="list-style-type: none"> • Yes – 1 • No – 0 	1
Use of required formatting	<ul style="list-style-type: none"> • Yes – 1 • No – 0 	1
Header included with required information	<ul style="list-style-type: none"> • Yes – 1 • No – 0 	1
Included an organizational history, mission, and information on current programs and initiatives	<ul style="list-style-type: none"> • Clearly stated – 2 • Stated but missing some information – 1 • Unclear – 0 	2

Type of entity: Nonprofit, Local Government, Private/For Profit Business.	<ul style="list-style-type: none"> • Nonprofit/Government – 1 • Private/For profit – 0 	1
Member of the Partnership for a Healthy Delaware County or the Healthcare Coalition.	<ul style="list-style-type: none"> • Yes – 1 • No – 2 	1
Proposed use described.	<ul style="list-style-type: none"> • Public access – 1 • Private access – 0 	1
Project need section included	<ul style="list-style-type: none"> • Yes – 1 • No – 0 	1
Need describes identified hardship for installation and how project would help community.	<ul style="list-style-type: none"> • Clearly demonstrated – 2 • Roughly demonstrated – 1 • No – 0 	2
Health equity section included	<ul style="list-style-type: none"> • Yes – 1 • No – 0 	1
Health equity section describes a need and how it would improve the community	<ul style="list-style-type: none"> • Clearly demonstrated – 2 • Roughly demonstrated – 1 • No – 0 	2
Location is an identified area of need from the HD.	<ul style="list-style-type: none"> • Yes – 1 • No – 0 	1
Expected number of users	<ul style="list-style-type: none"> • Expected number > 100/week – 2 • Expected number 25-100/week – 1 • Expected number < 100/week – 0 	2
Expected number supported by data	<ul style="list-style-type: none"> • Yes – 1 • No – 0 	1
Plan to install equipment.	<ul style="list-style-type: none"> • Applicant already has staff and/or contract and knows install cost – 2 • Either applicant has reasonable plan to install or applicant knows cost – 1 • No plan – 0 	2
Agrees to place placard on equipment	<ul style="list-style-type: none"> • Yes – 1 • No – 0 	1
Agrees to acknowledge inventory and/or notify of disposal	<ul style="list-style-type: none"> • Yes – 1 • No – 0 	1
Total Points Possible		22