Training and Technical Assistance to Improve Water Quality and Enable Small Public Water Syste
Safe Drinking Water

Quarterly Progress Reports and Final Progress Reports

OMB Control Number = 2090-0038
Expiration Date = 01/31/28

General Instructions for Completing These Forms

As per Grant regulations (2 CFR § 200.329), all recipients are required to submit quarterly progress reports to the En Protection Agency (EPA) Project Officer within 30 days after each reporting period. To guarantee timely submission, reports electronically via email to the EPA Project Officer within 30 days after the reporting period (every three mont should indicate the progress made towards the outcomes and outputs of the performance period. Additionally, the r submit to the EPA Project Officer within 120 days after the expiration or termination of the approved project period at least one reproducible copy suitable for printing. ***Please complete the attached Training and Technical Assistanc requested information to comply with this reporting obligation. Grantee may propose to Project Officer a differin as all required information is included. It is the Project Officer's decision whether to accept the proposed format.*** *comprehensive reports will aid us in tracking progress, ensuring accountability, and maximizing the impact of your w*

Burden Statement: This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C OMB Control Number: 2090-0038. Responses to this collection of information are mandatory [2 CFR Part 200]. An a conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a curre control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 45 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided b and any suggested methods for minimizing respondent burden to Director, Information Engagement Division; U.S. E Protection Agency (2821T); 1200 Pennsylvania Ave., NW; Washington, D.C. 20460. Include the OMB control numbe correspondence. Do not send the completed form to this address.

Training and Technical Assistance to Improve Water Quality and Enable Small Public W

Training Progress Report

Date of Training	**Method of Assistance** (classroom, on-site, virtual, etc.)	**Training Location if not Virtual** (County)	**Training Location** (State)	**Duration** (hours)
4/15/2024	Classroom	Albany	NY	2
5/17/2024	Classroom	Armstrong	PA	4
5/18/2024	Virtual		OR	2

'ater Systems to Provide Safe Drinking Water

Names/Topics of Training Activities	**Category** (i.e., technical, managerial, and/or financial)	**Brief Description**
Municipal funding	Financial	Reviewed opportunities for municipalities to pursue new sources of funding
Optimizing asset management	Financial	Discussed how public water systems can manage their assets in the most efficient manner
Introduction to asset management	Financial	Discussed what asset management is and why it is important

Number of Participants at Training
10
5
41

Training and Technical Assistance to Improve Water Q

Training Progress Report

Albany New York training, 4/15/2024

County Affiliation for each Participant, if Known	State Affiliation for each Participant, if Known
Albany	NY
Allegany	NY
Cattaraugus	NY
Chemung	NY
Albany	NY
Albany	NY
Albany	NY
Kent	DE
New Castle	DE
New Castle	DE

uality and Enable Small Public Water Systems to Provide Safe Drinking Water

Role(s) identified by each participant, if provided (e.g., operator, administrator, manager, board or council member, government official, etc.)
Administrator
Operator
Operator
Operator
Operator
Operator
Council member
Council member
Operator
City manager

Training and Technical Assistance to Improve Water Quality and Enable Small Public Wa

Technical Assistance Progress Report

System Name	Public Water System Identification Number (PWSID) or National Pollutant Discharge Elimination System (NPDES) permit number	State/Territory/Tribe

ıter Systems to Provide Safe Drinking Water

County	**Project Status** (Active, Complete, Completed this quarter, Other)	**Project Status "Other" Description**	**Number of Participants**

Role(s) identified by each participant, if provided; (list together in one cell) (e.g., operator, administrator, manager, board or council member, government official, etc.)	**Category:** (technical, managerial, and/or financial)

Hours of Technical Assistance Provided	**Serves a Disadvantaged Community** (yes/no)	**Source of Definition for 'Disadvantaged Community'**

Serves a Tribal Community (yes/no)	**Serves a Rural Community** (yes/no)	**Method of assistance** (on-site, virtual, etc.)

Topic Area Description (e.g. Planning and Assessment, Project Development, Funding and Financing, Program Management Support)	**Brief Description of Community Needs and Assistance Provided**

Topic Area (Optional			
SRF application submitted (yes/no)	**Lead in Drinking Water** (yes/no)	**Emerging Contaminants** (yes/no)	**Regionalization** (yes/no)

)		
Aging Infrastructure (yes/no)	**Wastewater** (yes/no)	**Private Wells**