*Please complete* ***All*** *information. If it does* ***Not*** *apply, please list N/A for the answer.*

Name:

*(Legal Business Name)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CONTACT INFORMATION** | | | | | | | | |
| District Manager: | | | | Number of Years in Position: | | | | |
| Email: | | | | Phone Number: | | | | |
| **GENERAL INFORMATION** | | | | | | | | |
| A. | Population of area serviced | | | |  | | | |
| B. | Total Annual Budget (expenditures) | | | | $ | | | |
| C. | Total Annual Payroll | | | | $ | | | |
| D. | Total Annual Revenue | | | | $ | | | |
| E. | Total Annual Worker Hours reported to Labor & Industries | | | |  | | | |
| G. | Do you have licensed professionals? | | | | Yes | No | | N/A |
| **If yes**, how many of the following do you have? | | | | | | | |
| EMTs |  | Therapists | | | |  | |
| Paramedics |  | Counselors | | | |  | |
| Nurses |  | Social Workers | | | |  | |
| Out of the number of Nurses above, how  many are ARNPs? |  | Other  Please Specify: | | | |  | |
| Do the above professionals meet Washington State Certificate and Licensing requirements? | | | | Yes | No | | N/A |
| **OPERATIONS INFORMATION** | | | | | | | | |
| Does your entity participate in clearing of right-of-way? (ex: controlled burns) | | | | | Yes | No | | N/A |
| **If yes**, what applicable policies or procedures do you have in place? | | | | | | | | |
| **LIABILITY INFORMATION** | | | | | | | | |
| A. | **EMPLOYEES** | | | |  | | | |
| Full-Time: | | | |  | | | |
| Part-Time: | | | |  | | | |
| Volunteers: | | | |  | | | |
| B. | **IRRIGATION, DIKING, DRAINAGE AND RECLAMATION DISTRICTS** | | | | | | | |
| Miles of Canals: | | | |  | | | |
| Of what type of material are canals constructed? | | | |  | | | |
| What percent of canals are lined? | | | |  | | | |
| What type of lining? | | | |  | | | |
| What is the soil type for canals without lining? | | | |  | | | |
| Are canals secured? | | | | Yes | No | | N/A |
| Are canals inspected regularly? | | | | Yes | No | | N/A |
| What is the downstream exposure to the canals in the event of a canal breach? (i.e. residential, farmland, etc.) | | | |  | | | |
| Total irrigated acreage | | | |  | | | |
| C. | **WATER AND SEWER DISTRICTS (COMPLETE UTILITIES SUPPLEMENTAL APPLICATION)** | | | | | | | |
| Gallons of water sold | | | |  | | | |
| Total miles of sewer lines | | | |  | | | |
| Age of current lines | | | |  | | | |
| Does your entity have a routine sewer flushing and inspection plan? | | | | Yes  No | | | |
| Does your entity own or use a Vactor, or similar equipment? | | | | Yes  No | | | |
| D. | **LIBRARY DISTRICTS** | | | | | | | |
| Total Library Square Footage | | | |  | | | |
| How are rare or valuable books or papers stored and secured? | | | |  | | | |
| Do you operate a mobile book unit? | | | | Yes  No | | | |
| **If yes**, in what type of area do you operate? (Urban, Suburban, Rural) | | | |  | | | |
| What type of youth programs are offered? | | | |  | | | |
| Do you provide daycare/childcare services?  **If yes, complete the Daycare Supplemental Application** | | | | Yes  No | | | |
| **If yes**, is there an overnight exposure? | | | | Yes  No | | | |
| **\*Complete the Sexual Abuse Supplement** | | | | | | | |
| E. | **PARK & RECREATION DISTRICTS** | | | | | | | |
| Number of parks/sport complex facilities | | | |  | | | |
| Number of acres? | | | |  | | | |
| How many certified playground safety inspectors do you have? | | | |  | | | |