*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 |
| **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:       |       |
| **OPERATIONS INFORMATION** |
| Does your entity participate in clearing of right-of-way? (ex: controlled burns) | [ ]  Yes | [ ]  No |
| **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 |
| Are canals inspected for damage, deficiencies, and blockages before water is turned on and canals filled? | [ ]  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?       |        |