



Appendix A - 2025 Hydration Station Competitive Grant Application

Notice: This application must be completed in order to score your grant request.

Applicant/Organization (name of primary applicant): _____

Grant Contact Name: _____

Grant Contact Phone No. and Extension: _____

Grant Contact E-mail address: _____

Mailing Address: _____

County: _____

Federal Tax ID #: _____

Will the Hydration Station unit be installed at the above location? Yes No

If no, Name of Location: _____

Installation Mailing Address: _____

Person Authorized to Sign Grant Agreement on Behalf of the Organization:

Name: _____ Title: _____

TOTAL COST OF PROJECT (Amount Requested + Applicant Cost): \$ _____

Total Grant Amount Being Requested (**\$3,000 maximum**): \$ _____

Work Item (s) to be performed under this grant:

For each work item to be funded under the grant, please provide the following information (use an additional page if necessary).

1. **Work Item 1** – describe the work that will be performed:

1a. Applicant is ready and able to complete project by August 14, 2026: Yes No

1b. Applicant is a non-profit organization: Yes No

1c. Hydration station type: New Replacement

1d. Installation site includes:

Daycare Yes No

School attended by children Yes No

1e. Is over 50% of children serviced under 6 years of age: Yes No

1f. Installation site estimated daily persons served: _____

1g. Installation site municipal community public water system source: _____

1h. Was your facility built before 1986 (lead plumbing): Yes No

(Provide documentation plumbing was installed prior to 1986.)

1i. Installation site most recent drinking-water lead test result:

Date: _____ Tap Location: _____ Lead (ppm or mg/L): _____

***NOTE* 1 mg/L (ppm) = 1,000 ug/L (ppb)**

1j. Anticipated **outcomes** of performing this work item: _____

1k. A description of efforts to educate the target audience on drinking tap water. Please list key messages that you would promote: _____

1l. The organization must describe efforts to substitute water as a healthy alternative to sugar-sweetened beverage: _____

1m. The organization must describe reasons why fluoride is important to the oral health of the served population: _____

1n. A statement from the organization will be required to verify the condition of any existing hydration station(s) or drinking fountains, as well as the presence of lead in drinking water or plumbing materials. _____

Certification

I certify that the information herein is true and accurate to the best of my knowledge, and I submit this application on behalf of the applicant organization.

Signature: _____ Title: _____ Date: _____

NOTE: If you are awarded a grant, NO work should begin until all required signatures have been obtained on the grant agreement and grantee receives a signed copy of the grant agreement.

Please complete the application and submit to the Minnesota Department of Health.

E-mail the form to:

Hydration Station Grant Coordinator
health.drinkingwater@state.mn.us

Minnesota Department of Health | Environmental Health Division | Drinking Water Protection Program
651-201-4700 | health.drinkingwater@state.mn.us | www.health.state.mn.us

10/2025 - To obtain this information in a different format, call: 651-201-4700.

Appendix B - Definitions

Community Public Water System means the name of the utility that provides drinking water to the installation site.

Name of the Grant Contact means the name of the individual who will be responsible for managing the grant.

Telephone Number means the telephone number of the contact person that the Minnesota Department of Health can call during its regular business hours (M-F from 8:00 a.m. to 4:30 p.m.).

E-mail means an internet address for the contact person that the Minnesota Department of Health can use to electronically transmit information related to the grant.

Mailing Address means the official mailing address of the applicant that shall be used for correspondence with MDH.

Name and Title of the Person Authorized to Sign the Grant Agreement on Behalf of the Organization means a person who has authority to administer a financial agreement between the applicant organization and the Minnesota Department of Health.

Total Grant Amount Being Requested means the sum of the costs of the work items that are identified in the grant application (1b + 2b)

Work Item is the hydration station equipment that is to be purchased under this part of the grant application. Fill one box for each activity included in the project; feel free to insert more boxes if needed.

Product(s) produced or anticipated outcomes of performing this work means the tangible results of performing the work that is funded by this grant.

Unit Conversion 1 mg/L (ppm) = 1,000 ug/L (ppb)

Appendix C - Estimates for Hydration Station Costs

This form is to be completed and provided with the vendor quote. It is helpful to estimate and detail the expected costs associated with a hydration station.

Hydration station equipment will include, but will not be limited to (not all items may be applicable or necessary):

Equipment	Costs
Drinking fountain with bottle filling station (hydration station)	\$
Mounting hardware (if applicable)	\$
Replacement filter(s)	\$
Plumbing costs	\$
Miscellaneous costs	\$
Total Estimated Costs	\$

Contact information of applicant (please print)

Name: _____

Phone number: _____

E-mail address: _____

Signature: _____

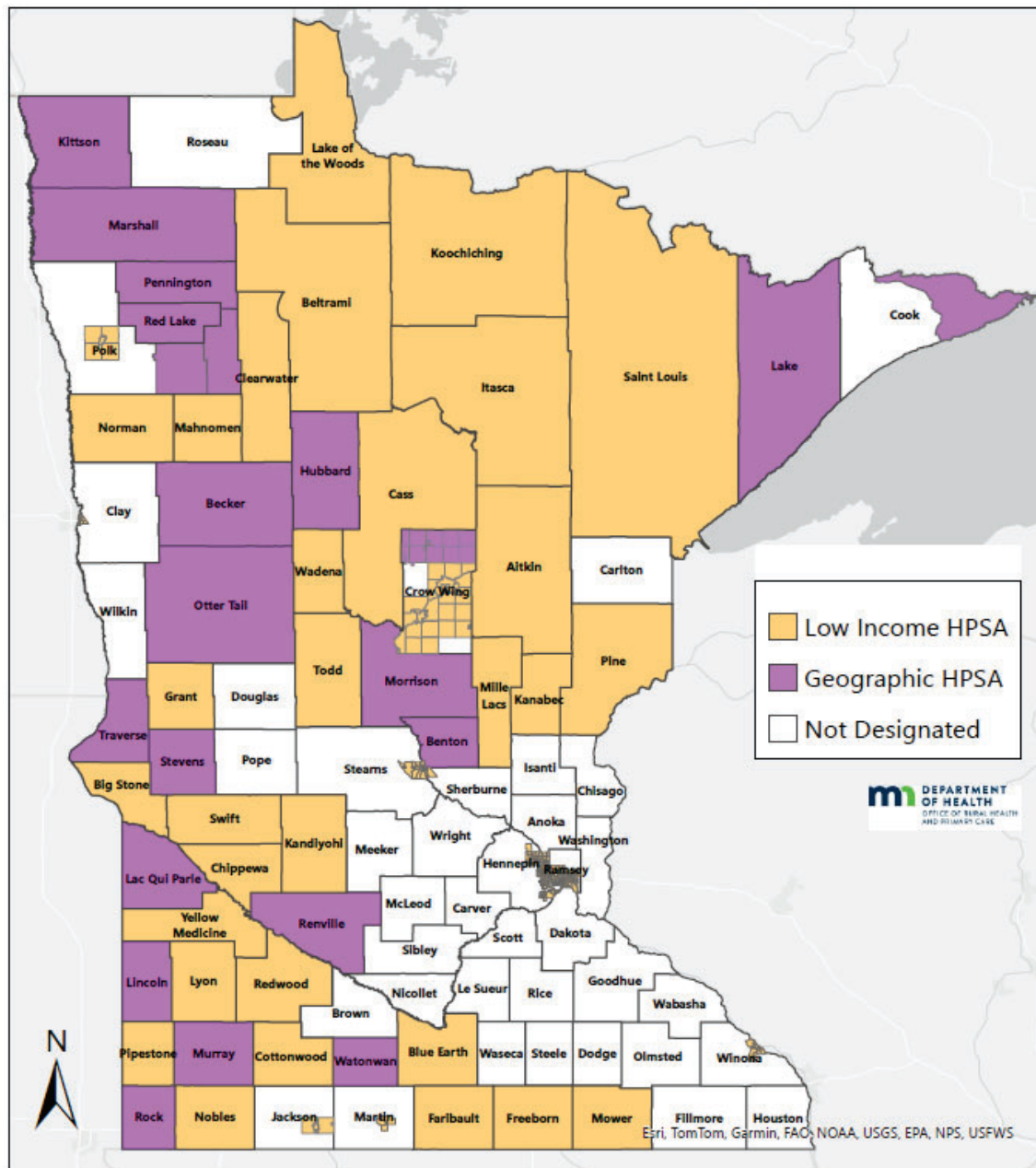
Title: _____

Date: _____

Appendix E - MN Dental Health Professional Shortage Areas

Dental HPSA designations are shown in the map below.

MN Health Professional Shortage Areas Dental Geographic & Low Income Designations August 2024



Source:

[Health Professional Shortage Areas \(PDF\)](#)

<https://www.health.state.mn.us/facilities/underserved/docs/2018hpsadental.pdf>

Appendix G - Hydration Station (Acceptable Examples)

Example 1

Elkay ezH2O® Bottle Filling Station & Single
ADA Cooler Refrigerated Stainless Lead
Reduction Quick Filter Change

Model: LZS8WSSK

\$2,834.00 from: WWW.ELKAY.COM



Example 2

Elkay ezH2O® Bottle Filling Station with
Single ADA Cooler Filtered Refrigerated
Light Gray

Model: LZS8WSVRLK

\$2,819.00 from: WWW.ELKAY.COM



Features are the same for both Hydration Stations

Touchless, sensor activation (bottle filler) designed for easy use; easy-to-operate push-bar activation (bubbler). Hermetically sealed refrigeration system provides chilled water to satisfy thirst.

Fill rate is 1.1 GPM. Laminar flow provides clean fill with minimal splash. Visual filter monitor with LED filter status indicator for when filter change is necessary.

The 3,000-gallon filter is certified to NSF 42 and 53 for lead, Class 1 particulate, chlorine, taste and odor reduction. Green Ticker™ informs user of number of 20 oz. plastic water bottles saved from waste.

Silver ion antimicrobial protection on key plastic components to inhibit the growth of mold and mildew. Real drain system eliminates standing water.

Flexi-Guard bubbler provides a flexible antimicrobial mouth guard to protect against injury and microorganisms. Rated for indoor use.

Attachment A: Application Evaluation Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

Applicants are encouraged to score their own application using the evaluation scoresheet before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications.

Evaluation criteria	Enter Yes or No	Possible points	Points awarded
Is the application attached, completed, and readable?		5 pts	
Is the applicant receiving drinking water from a Minnesota Municipal Community Public Water Supply?		5 pts	

Project need (80 points)

Evaluation criteria	Enter Yes or No	Possible points	Points awarded
Is the installation site located within either a geographic or low-income Dental Health Professional Shortage Area (HPSA)?		10 pts	
Is the applicant a non-profit organization?		10 pts	
Does the installation site serve children?		5 pts	
Is over 50% of children serviced under 6 years of age?		5 pts	
What is the estimated daily number of persons served by the installation site? (1 Point per 10 persons; maximum 10 Points)		10 pts	
Is the installation site a school or daycare facility attended by Children?		10 pts	
Does the application include documentation of population's reliance for a significant portion of drinking-water needs?		5 pts	
Was your facility build before 1986 (more likely to contain lead plumbing) Does the applicant include documentation plumbing was installed prior to 1986?		10 pts	
Does the application include a lead analysis result from the installation site? (Points for highest result at installation site: 0-5 ppb: 1 Points; 6-15 ppb: 5 Points; 16-20 ppb: 10 Points; >20 ppb; maximum 15 Points)		15 pts	

Work Scope (5 Points)

Evaluation criteria	Enter Yes or No	Possible points	Points awarded
Does the request for award does not exceed \$3,000?		5 pts	

Budget (5 Points)

Evaluation criteria	Enter Yes or No	Possible points	Points awarded
Does the application include an identified vendor and an attached vendor quote of hydration station equipment costs? (Appendix C)		5 pts	