



## GROUNDWATER GUARDIAN ANNUAL ENTRY PACKAGE

The Annual Entry package includes the Annual Entry Form, Team List, and Result Oriented Activity plans. The package provides The Groundwater Foundation with information about a Groundwater Guardian's community, team, and groundwater education and protection activities.

- New Groundwater Guardians may enter at any time using by completing all three forms included this Annual Entry Package.
- Continuing Groundwater Guardians (those previously designated) must re-submit all three forms contained in this package by **February 15** of each program year.
- The administrative fee of \$100\* should be submitted with the Annual Entry Package.

### QUESTIONS?

Call 402-434-2740/1-800-858-4844 or email [guardian@groundwater.org](mailto:guardian@groundwater.org).



*\*Groundwater Guardian teams designated prior to 2018 pay a grandfathered in fee of \$75. Contact The Groundwater Foundation for additional details.*

## GROUNDWATER GUARDIAN ANNUAL ENTRY

Annual Entries and administrative fees are due by **FEBRUARY 15** for Groundwater Guardians designated the previous year. If this deadline cannot be met, teams should contact The Groundwater Foundation to request an extension (30-day maximum). New teams may submit the Annual Entry and administrative fee at any time. Submit this completed form to The Groundwater Foundation via email to [guardian@groundwater.org](mailto:guardian@groundwater.org); mail to 3201 Pioneers Blvd. Suite 105, Lincoln, NE 68502; or fax to 402-434-2742. Forms and administrative fee information are available online at [www.groundwater.org/groundwaterguardian](http://www.groundwater.org/groundwaterguardian).

**Program Year:**

**Groundwater Guardian Team Name:**

**Coordinating Organization** *(if applicable):*

**Contact Person:**

**Address:**

**City:**

**State:**

**Zip:**

**Country:**

**Daytime Phone:**

**Fax:**

**E-mail:**

**Website:**

**Social media** *(Facebook, Twitter, Instagram, etc.):*

**Alternate Contact:**

**Phone/E-mail:**

My administrative fee amount of \$\_\_\_\_\_ was paid by  check  credit card  online on (date) \_\_\_\_\_

Name of organization/individual issuing payment: \_\_\_\_\_

**Check year(s) designated as a Groundwater Guardian:**

- 1994  1995  1996  1997  1998  1999  2000  2001  2002  2003  
 2004  2005  2006  2007  2008  2009  2010  2011  2012  2013  
 2014  2015  2016  2017  2018  2019  2020  2021  2022  2023

### COMMUNITY/SERVICE AREA INFORMATION

**Population:**

**Area in Square Miles:**

**% of drinking water supplied by groundwater:**

**Groundwater-related concerns, problems, and priorities:**

**How will Groundwater Guardian help address these concerns, problems, and priorities?**

**I heard about Groundwater Guardian from:**

**Local Media Outlet** *(leave blank if you do not wish to have news releases sent regarding your designation):*

**Address:**

**City:**

**State:**

**Zip:**

**Country:**

**E-mail:**

**Phone:**

**Fax:**

**Others we should notify of your designation** *(OPTIONAL. i.e. City Council, county board, other entity, etc.):*

**Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Country:**

**Phone:**

**Fax:**

**E-mail:**

## GROUNDWATER GUARDIAN TEAM ROSTER

A team should include at least four members and be representative of the community/service area. Team members will be added to The Groundwater Foundation's e-mail list to receive periodic program updates.

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**Contact Person:**

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**Address:**

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

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**Daytime Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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**E-mail:**

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**Title and Organization:**

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**Representative Category/Categories:**

Citizen    Business/Agriculture    Education    Government    Other (if applicable) \_\_\_\_\_

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**Contact Person:**

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**Address:**

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

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**Daytime Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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**E-mail:**

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**Title and Organization:**

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**Representative Category/Categories:**

Citizen    Business/Agriculture    Education    Government    Other (if applicable) \_\_\_\_\_

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**Contact Person:**

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**Address:**

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

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**Daytime Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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**E-mail:**

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**Title and Organization:**

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**Representative Category/Categories:**

Citizen    Business/Agriculture    Education    Government    Other (if applicable) \_\_\_\_\_

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**Contact Person:**

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**Address:**

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

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**Daytime Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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**E-mail:**

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**Title and Organization:**

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**Representative Category/Categories:**

Citizen    Business/Agriculture    Education    Government    Other (if applicable) \_\_\_\_\_

(Duplicate as Needed)

# GROUNDWATER GUARDIAN RESULT ORIENTED ACTIVITY (ROA) PLAN

Submit plans for each ROA with the Annual Entry Package, or as additional ROAs are added by the team. If more than one ROA is submitted, assign a number and place it on the second line of this form. This form is also available online at [www.groundwater.org/groundwaterguardian](http://www.groundwater.org/groundwaterguardian).

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Groundwater Guardian Name:

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Name of ROA:

ROA#:

**Activity Category/Categories** *(check one or more):*

- Public Awareness and Education       Conservation       Pollution Prevention  
 Public Policy       Best Management Practices

**Brief Description and Community Benefits** *(direct and indirect)* **of ROA:**

**Implementation plan for ROA** *(include specific timetable with target dates):*

**Measurable objectives for ROA** *(express in quantities when possible):*

**Method for evaluating ROA results:**

**Who will help to implement the ROA and their roles (be specific as possible):**

**Resources needed and/or used to implement:**

Human:

Financial:

Materials:

**ROA documentation** *(i.e. copies of materials, newspaper clippings, photos, etc.)* **to be provided in the Progress Report:**

*(Duplicate as Needed)*