



Environmental Health Division
 Drinking Water Protection Section
 P.O. Box 64975
 St. Paul, Minnesota 55164-0975

Source Water Protection Competitive Grant Application – March 2012

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

Public Water Supply System (name of primary applicant):PWSID:

Note: List all of the public water supply systems involved if more than one is applying:

Address

Name of the Grant Contact:

Phone No. / Ext: E-mail address:

Federal Tax ID #:

Person Authorized to Sign Grant Agreement on Behalf of the Public Water Supply System

Name: Title:

TOTAL COST OF THE PROJECT (Amount requested + Cost share): \$
Out of which:

- Amount Being Requested from MDH (**\$10,000 maximum**): \$
- Cost Share Amount (amount contributed by the Grantee) - must be at least equal to the amount being requested from MDH: \$

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 – describe the work that will be performed:

1a. Amount Requested for performing this work: \$

1b. What is the financial cost share involved for performing this work: \$.....
 Cost share details listing all the contributions and corresponding dollar amounts; in-kind contribution is not accepted:

Please provide sufficient documentation, like a signed statement or acknowledgement that proves availability of funds.

1c. Total cost for performing this work (1a + 1b): \$

1 d. Anticipated completion date

1e. Product(s) produced or anticipated outcomes of performing this work item:

1f. Section of the **most recent** sanitary survey or page number(s) in the source water protection plan that reference the source water protection measure(s) that will be supported by this work item – **please attach copies:**

OR

1g. Reference correspondence from the Minnesota Department of Health that describes the work that will be conducted –(Letter/email from MDH Drinking Water Protection staff) **please attach copies:**

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

2a. Amount Requested for performing this work: \$

2b. What is the financial cost share involved for performing this work: \$.....

Cost share details listing all the contributions and corresponding dollar amounts; in-kind contribution is not accepted:

Please provide sufficient documentation, like a signed statement or acknowledgement that proves availability of funds.

2c. Total cost for performing this work (2a + 2b): \$

2d. Anticipated completion date

2e. Product(s) produced or anticipated outcomes of performing this work item:

2f. Section of the **most recent** sanitary survey or page number(s) in the source water protection plan that reference the source water protection measure(s) that will be supported by this work item – ***please attach copies:***

OR

2g. Reference correspondence from the Minnesota Department of Health that describes the work that will be conducted —(Letter/email from MDH Drinking Water Protection staff) ***please attach copies:***

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

3a. Amount Requested for performing this work: \$

3b. What is the financial cost share involved for performing this work: \$.....

Cost share details listing all the contributions and corresponding dollar amounts; in-kind contribution is not accepted:

Please provide sufficient documentation that proves availability of funds (e.g. a signed statement or acknowledgement).

3c. Total cost for performing this work (3a + 3b): \$

3d. Anticipated completion date

3e. Product(s) produced or anticipated outcomes of performing this work item:

3f. Section of the **most recent** sanitary survey or page number(s) in the source water protection plan that reference the source water protection measure(s) that will be supported by this work item– ***please attach copies:***

OR

3g. Reference correspondence from the Minnesota Department of Health that describes the work that will be conducted – (Letter/email from MDH Drinking Water Protection staff) ***please attach copies:***

Detailed Budget and Schedule: Please describe all activities and sub-activities that are included in the project with the corresponding costs and estimated date of completion; use an additional page if necessary.

Activity	Amount requested	Cost share	Estimated start date
Total			

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 public water supply system.*

Signature: _____ Title: _____ Date: _____

Checklist:

- I have attached the required documentation to my application
- I have filled out all the fields in my application
- I have signed my application
- I have provided a detailed budget for each work item

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.

Instructions

You may complete this form manually or electronically. Please print the information if you opt to do this manually. Once you are finished, you have three options for submitting the application form to the Minnesota Department of Health:

Option 1 - Mail the form to:

Ms. Cristina Covalschi
SWP Grant Coordinator
Minnesota Department of Health
P.O. Box 64975
St. Paul, Minnesota 55164-0975

Option 2 - Fax the form to:

Ms. Cristina Covalschi
SWP Grant Coordinator
(651) 201- 4701

Option 3 - E-mail the form to:

Cristina.Covalschi@state.mn.us

Definitions of the terms used in this form (in the order encountered):

Public Water Supply System means the name that is used by the Minnesota Department of Health to identify the public water supplier and that is associated with a public water supply system identification number.

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 8:30 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 mailing address of the Public Supply System that shall be used for correspondence with MDH.

Name and Title of the Person Authorized to Sign the Grant Agreement on Behalf of the Public Water Supply System means a person who has authority to administer a financial agreement between the public water supplier 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 ($1a + 2a + 3a + \dots$)

Cost Share Amount means the total estimated contribution in cash that a recipient makes to the award ($1b + 2b + 3b + \dots$)

Work Item is the source water protection activity or activities that are to be performed 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.

Amount requested for performing this work means the estimated amount requested by the grantee for completing the activity performed under this part of the application.

Detailed cost share means a listing of all the contributions and corresponding dollar amounts. Cost sharing is auditable and must be allowable under cost principles and verifiable to records.

Anticipated completion date means the date when you expect the work to be finished.

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

Correspondence from MDH or Section of the sanitary survey or page number(s) in the source water protection plan that reference the source water protection measures that will be supported by this work item - self explanatory.

Detailed Budget and Schedule means a breakdown of costs with a detailed description of all amounts and the estimated time when you expect to start a specific activity. The totals must match the dollar amount that is being requested and the total cost share amount.

To request this document in a different format please call
Section Receptionist: 651-201-4700 or Division TTY: 651-201-5797