



Source Water Protection Plan Implementation Grant Application February 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:

.....

Name of the Grant Contact:

Phone No. / Ext: E-mail address:

Mailing Address

Federal Tax ID #:

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

Name:

Title:

Total Grant Amount Being Requested (**\$10,000 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 – describe the work that will be performed:

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

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

1c. **Please reference the MEASURE / OBJECTIVE number and attach the page(s)** in the source water protection plan (MDH approved plan, NOT the Draft Copy) that contains the source water protection measure / objective that will be supported by this work item: *(Failure to submit the required documentation may result in disqualification)*

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

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

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

2c. **Please reference the MEASURE / OBJECTIVE number and attach the page(s)** in the source water protection plan (MDH approved plan, NOT the Draft Copy) that contains the source water protection measure / objective that will be supported by this work item: *(Failure to submit the required documentation may result in disqualification)*

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

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

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

3c. **Please reference the MEASURE / OBJECTIVE number and attach the page(s)** in the source water protection plan (MDH approved plan, NOT the Draft Copy) that contains the source water protection measure / objective that will be supported by this work item: *(Failure to submit the required documentation may result in disqualification)*

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

(Example: if the activity is public education you will need to detail how many training sessions, how much will be spent for supplies, how many participants, or brochures, what is the consultant fee, etc.)

Sub- activity	Amount requested	Estimated start date
Total (amount being requested)		

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: _____

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 official 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 +...)

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.

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

Page number(s) in the source water protection plan that reference the source water protection measure(s) / objective(s) that will be supported by this work item - self explanatory. Failure to submit the required attachments may result in disqualification.

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

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