

1a. Cost share information. Please check one:

- I have another grant
- I will use my own financial resources
- Other (please describe)

1 b. Detailed Budget - *please fill only the fields that apply to your project:*

Activity	Grant Amount Requested	Cost share
Well construction		
Well sealing		
Replace septic system		
Treatment pilot testing		
Treatment equipment		
Installation		
Connection to city water or rural water		
Other describe		
TOTAL		

1c. Project schedule – please fill in date for each line (*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*):

Activity	Month/ Day/ Year
Obtain vendor proposal(s)	
Submit plans to the MDH for plan review	
Sign equipment purchase/contract agreement	
Install equipment	
Notify the MDH of completed installation	
Verify compliance	

1d. Must reference and attach to this application the correspondence from the Minnesota Department of Health that supports the work that will be conducted (e.g. sanitary survey, or corrective action letter, or recommendation from sanitarian). **Failure to include required attachment(s) will result in disqualification.**

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: _____

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):

Name of the Public Water Supply System means the formal 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.

PWSID # means the public water supply identification number that is assigned by the Minnesota Department of Health and is listed on all correspondence between a public water supplier and the Minnesota Department of Health.

Federal Tax ID#: a nine digit number, also known as the Employer Identification Number (EIN)

Name of the Person Who Will Be the Contact for This Grant 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 address where we can mail you correspondence related to the grant.

Name and Title of the Person Authorized to Sign 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.

Grant Amount Being Requested means the amount you request from MDH.

Cost Share Amount means the estimated cash contribution that a recipient makes to the award.

Total cost of the project means the sum of the grant amount requested and the cost share.

Work Item is the source water protection activity or activities that are to be performed under this part of the grant application.

Detailed Budget means a breakdown of costs with a detailed description of all costs. The total must match the dollar amount that is being requested and the total cost share amount.

Project schedule means the estimated date when you expect to start a specific activity. **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.**

Correspondence from MDH – means the sanitary survey, or corrective action letter, or recommendation from sanitarian that support the work to be performed.