

# 2026 Private Well Protection Grant Application

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

## Applicant information

Applicant (Name of primary applicant) \_\_\_\_\_

Organization name \_\_\_\_\_

Applicant contact phone no. and extension \_\_\_\_\_

Applicant contact E-mail address \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Federal tax ID # \_\_\_\_\_

### Person authorized to sign Grant Agreement on behalf of the organization.

Name \_\_\_\_\_

Title \_\_\_\_\_

Total Grant amount being requested \$ \_\_\_\_\_

Visit [Private Well Protection Grant Budget Limits \(PDF\)](https://www.web.health.state.mn.us/communities/environment/water/docs/cwf/pwpfundcap27.pdf)  
(<https://www.web.health.state.mn.us/communities/environment/water/docs/cwf/pwpfundcap27.pdf>)  
for amounts available.

## Questions

Provide the following information about the work that this grant will fund. **(Use additional pages as necessary, up to 10 pages).**

### Organizational capacity

1. Who will work on this project and what is their training and expertise?



3. How will you focus outreach efforts on homes with infants and children and low-income households?
  
4. Provide a timeline showing the major tasks, deliverables, and deadlines for the project. (May provide a separate document if preferred).

### Budget and budget justification

1. Provide an itemized budget including categories for each allowable expense. *(May use template below or provide a separate document if preferred)*. Allowable expense descriptions can be found in section 2.2 of the Request for Proposals document. Budgets should include:
  - a. Itemized projection of costs for each task and deliverable.
  - b. Description of any other funding that is directed toward accomplishing the same or similar goals as the goals of this grant program.
  - c. Clear identification of the total amount of grant funding requested.

Expense	Estimated spend	Notes if needed
Personnel (Salary including fringe)		
Professional services and contracts		
Supplies		
Travel		
Administrative costs		
Other		
<b>Total</b>		

Description and clear identification.

## Diversity in Grant making

1. How will this grant benefit diverse groups of private well users in your area?
  
  
  
  
  
  
  
  
  
  
2. How will you demonstrate the ability and willingness to collaborate with other entities to reach private well users?

## 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 may begin until all required signatures have been obtained on the grant agreement and grantee receives a signed copy of the grant agreement.

Minnesota Department of Health | Water Policy Center | PO Box 64975 | St. Paul, MN 55164-0975  
651-201-4366 | [health.privatewells@state.mn.us](mailto:health.privatewells@state.mn.us) | [www.health.state.mn.us](http://www.health.state.mn.us)

05/07/2026 | To obtain this information in a different format, call: 651-201-4366.