

Grant Narrative Report Template

Public Water System:

PWSID:

Address:

Contact Person Name:

Phone:

Email:

Describe the issue: *Why did you apply for funding? Was there a problem? Where/When did it take place?*

Describe in detail the work that was performed.

Describe the results of this project: *How did this work benefit your system? How was drinking water and public health protected?*

Would this work have happened in the absence of the grant program? Yes No

Assistance received: *How did Minnesota Department of Health (MDH) or Minnesota Rural Water Association (MRWA) help? (i.e. MDH/MRWA consulted, recommended, analyzed, educated, advised, provided, etc.)*

How can the grant program be improved?

Pictures available? Yes No

Publication, software, videos available? Yes No

[Disclaimer](#) I declare that the data on this document is correct.

Authorized Grantee Signature:

Date:

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How much money was spent completing this work (total to include cost share)? \$

Estimate the number of people served by the PWS: