DEPARTMENT OF HEALTH

Attachment C: Regionalization Grant Application

Notice: This application must be completed for your grant request to receive consideration.

Organization Name:_____

Select one of the following:

○ City ○ County ○ Township

Applicant (name of primary applicant):_____

Applicant Contact Phone No. and Extension:_____

Applicant Contact E-mail address:_____

Mailing Street or Building Address: _____

City: _____ State:_____ Zip Code:_____

County: _____

Federal Tax ID Number: _____

Person Authorized to Sign Grant Agreement on Behalf of the Organization: _____

Name: _____ Title: _____

Total Grant Amount Being Requested **($300,000 maximum)**: _____

Project Narrative and Work Plan

Work items to be performed under this grant:

For each work item to be funded under the grant, please provide the following information (use additional pages as necessary, up to six pages).

Organizational Capacity

- Who will work on this project and what is their training and expertise?
- What entities will collaborate on this project?
- What is your organization's experience and capacity to work with other entities to achieve the goals of this project?

Work Plan

Section 2.2 of the Request for Proposals for the Drinking Water Regionalization Planning and Assistance Grants specifies that eligible activities as meeting the following requirements:

> Grant funds must be used for planning activities, including; feasibility studies, engineering analyses, legal assessments, financial assessments, community engagement efforts, preliminary and final design work and activities necessary for drinking water system establishment or expansion under Minn. Stat. § 116A.
>
> Grant funds are available to counties, municipalities and townships that seek to establish or expand regional drinking water systems. Projects must occur outside of the seven-county metro area.

Using the eligibility requirements above, describe your proposed project and how it will establish or expand regional drinking water systems. Please address the following questions.

- What are your project goals?
- How will you evaluate the project?
- Make a timeline showing the major tasks, deliverables, and deadlines for the project.

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: _____ Date:_____

Title: _____

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
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To obtain this information in a different format, call: 651-201-4700. Printed on recycled paper.