

Source Water Protection Competitive Grant Application

Applicant Information

Public Water System Name _____ PSWID _____

Street Address _____ Apartment/Unit # _____

City _____ County _____ ZIP _____

Name of the person who will serve as the Grant Contact _____

Phone _____ Fax _____ Email _____

Federal Tax Id # _____

Person Authorized to Sign Application and Grant Agreement on Behalf of the Public Water System

Name _____ Title _____

Amounts

Total cost of the project \$ _____

Amount requested from MDH (minimum \$500, maximum \$10,000, or \$30,000 if 3 or more PWS's apply jointly)

\$ _____

Check this box if you are currently under a MDH violation/compliance agreement/APO (administrative penalty order)

Work Item 1

For each work item to be funded under the grant, provide the following information (Use additional sheets if necessary).

1. Describe the work that will be performed.

1a. Amount requested for performing this work \$ _____

1b. Cost Share amount information (List all contributors and corresponding dollar amounts; in-kind contribution is not accepted) (Check one).

SOURCE WATER PROTECTION COMPETITIVE GRANT APPLICATION

I have a state grant (Describe) _____

I have a federal grant. (Describe) _____

I will use my own financial resources

Other (Describe) _____

1c. Total cost for performing this Work - Item 1 (1a + 1b) \$ _____

1d. Anticipated outcomes (products) of performing this work.

1e. Supporting documentation – Must check at least one and **must attach copies**. Without supporting documentation the application will be disqualified.

Sanitary survey

MDH approved WHP plan/Intake protection plan must reference and include the Management Strategy/Measure number. Do not send parts of plan that are not part of the application’s proposed work. Measure Number: _____

Project evaluation form

NOV with project evaluation form

APO with compliance agreement and project evaluation form

Note: The Project evaluation form must be completed by the MDH staff or local program assigned to the district where the PWS is located.

Work Item 2

For each work item to be funded under the grant, provide the following information (Use additional sheets if necessary).

2. Describe the work that will be performed.

2a. Amount requested for performing this work \$ _____

2b. Cost Share amount information (List all contributors and corresponding dollar amounts; in-kind contribution is not accepted) (Check one).

SOURCE WATER PROTECTION COMPETITIVE GRANT APPLICATION

I have a state grant (Describe) _____

I have a federal grant. (Describe) _____

I will use my own financial resources

Other (Describe) _____

2c. Total cost for performing this Work - Item 2 (2a + 2b) \$ _____

2d. Anticipated outcomes (products) of performing this work.

2e. Supporting documentation – Must check at least one and **must attach copies**. Without supporting documentation the application will be disqualified.

Sanitary survey

MDH approved WHP plan/Intake protection plan must reference and include the Management Strategy/Measure number. Do not send parts of plan that are not part of the application’s proposed work. Measure Number: _____

Project evaluation form

NOV with project evaluation form

APO with compliance agreement and project evaluation form

Note: The Project evaluation form must be completed by the MDH staff or local program assigned to the district where the PWS is located.

Work Item 3

For each work item to be funded under the grant, provide the following information (Use additional sheets if necessary).

3. Describe the work that will be performed.

3a. Amount requested for performing this work \$ _____

3b. Cost Share amount information (List all contributors and corresponding dollar amounts; in-kind contribution is not accepted) (Check one).

SOURCE WATER PROTECTION COMPETITIVE GRANT APPLICATION

I have a state grant (Describe) _____

I have a federal grant. (Describe) _____

I will use my own financial resources

Other (Describe) _____

3c. Total cost for performing this Work - Item 3 (3a + 3b) \$ _____

3d. Anticipated outcomes (products) of performing this work.

3e. Supporting documentation - **Must check at least one and must attach copies.** Without supporting documentation the application will be disqualified.

Sanitary survey

MDH approved WHP plan/Intake protection plan must reference and include the Management Strategy/Measure number. Do not send parts of plan that are not part of the application’s proposed work. Measure Number: _____

Project evaluation form

NOV with project evaluation form

APO with compliance agreement and project evaluation form

Note: The Project evaluation form must be completed by the MDH staff or local program assigned to the district where the PWS is located.

Detailed Budget and Schedule

Describe all tasks that are included in the project with the corresponding costs and estimated date of completion (Use additional sheets if necessary).

Tasks (Breakdown of each cost for each work item)	Amount (Requested from MDH)	Cost share	Est. start date

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Tasks (Breakdown of each cost for each work item)	Amount (Requested from MDH)	Cost share	Est. start date

Checklist

- I have attached for each work item the documentation required under 1e), 2e), etc.
- I have filled out all the fields in my application.
- I have provided a detailed budget for each work item, including my cost share amount.
- I have signed my application.

Disclaimer and Signature

I certify that the information herein is true and accurate to the best of my knowledge, and that there are the financial resources needed to provide the cash match for all of the activities that are discussed in the grant application and I submit this application on behalf of the applicant public water supply system. I acknowledge that the project will be completed by the grant expiration date and that all work performed will be done in accordance with all Local, State and Federal Regulations.

Signature _____ 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. 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:

Minnesota Department of Health

SWP Grant Coordinator

P.O. Box 64975

St. Paul, Minnesota 55164-0975

Option 2 - Fax the form to:

Minnesota Department of Health

SWP Grant Coordinator

(651) 201-4701

Option 3 - E-mail the form to:

health.swpgrants@state.mn.us

Subject Line to read: "Attention: SWP Grant Coordinator, [Your Public Water System Name]"

Definitions of the Terms Used in this Form

Public Water System (PWS) name means the name that is used by the Minnesota Department of Health to identify the public water system and that is associated with a public water supply system identification number.

PWSID # means the public water system identification number that is assigned by the MDH and is listed on all correspondence between a public water system and MDH.

Mailing address means the mailing address of the public water system that shall be used for correspondence with MDH.

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.

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

Name and title of the person authorized to sign the Grant Agreement on behalf of the Public Water System means a person who has authority to administer a financial agreement between the public water system 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 measure from the WHP plan 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 that is funded by this grant.

DWSMA means Drinking Water Supply Management Area; is the Minnesota Department of Health (MDH) approved surface and subsurface area surrounding a public water system well that completely contains the scientifically calculated wellhead protection area.

Correspondence from MDH or Section of the sanitary survey or page number(s) means in the source water protection plan that reference the source water protection measures that will be supported by this work item – self-explanatory.

Project evaluation form means the internal MDH form that is filled out by MDH staff (engineer, planner, or hydrologist) and serves as supporting documentation with the grant application.

MDH staff who may provide the PWS with the Project evaluation form means before submitting the application, applicants must consult with MDH staff assigned to their district.

Minnesota Department of Health
Drinking Water Protection Section
651-201-4700

health.swpgrants@state.mn.us

www.health.state.mn.us

Rev.05/2019

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