



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM, FINANCIAL ASSISTANCE CENTER  
**CLEAN WATER ENGINEERING REPORT GRANT APPLICATION**  
 Submit to: P.O. Box 176, Jefferson City, MO 65102-0176  
 ATTN: Financial Assistance Center

FOR OFFICE USE ONLY	
DATE RECEIVED	
GRANT NUMBER	

**1. APPLICANT INFORMATION**

NAME OF APPLICANT		APPLICANT EMAIL ADDRESS	
Incorporated Municipality		Public Water or Sewer District	
Other:			
APPLICANT TELEPHONE NUMBER WITH AREA CODE Ext.		APPLICANT FAX NUMBER WITH AREA CODE	
APPLICANT MAILING ADDRESS			
CITY	STATE	ZIP CODE + FOUR	COUNTY
AUTHORIZED REPRESENTATIVE NAME		AUTHORIZED REPRESENTATIVE TITLE	
NAME OF PERSON TO CONTACT ABOUT THIS APPLICATION		TELEPHONE NUMBER WITH AREA CODE Ext.	
POPULATION (CURRENT CENSUS)		NUMBER OF SERVICE CONNECTIONS	
STATE SENATE DISTRICT NUMBER(S)		STATE REPRESENTATIVE DISTRICT NUMBER(S)	
HAS THE APPLICANT PROCURED ENGINEERING SERVICES? No Yes If so, attach procurement documentation and complete the section below.			
CONSULTING ENGINEER		CONSULTANT DUNS NUMBER	
CONSULTANT MAILING ADDRESS			
CITY	STATE	ZIP CODE + FOUR	
CONSULTANT TELEPHONE NUMBER WITH AREA CODE Ext.		CONSULTANT EMAIL	
WILL THE APPLICANT APPLY FOR CLEAN WATER STATE REVOLVING LOAN FUNDING FOR CONSTRUCTION RELATED TO THE PROPOSED FACILITY PLAN? Yes No			

**2. ELIGIBILITY CRITERIA**

The following are minimum eligibility criteria:

Does the system serve a population less than or equal to 10,000?  
 Yes No

Does the continuing operating authority have any outstanding permit fees?  
 Yes No (note: all outstanding fees must be paid prior to application)

What year was the last facility plan completed for this wastewater system? \_\_\_\_\_

**3. DISADVANTAGED COMMUNITY ASSESSMENT**

Disadvantaged communities are eligible for up to 90% funding and must meet all of the following requirements:

Does the system serve a population below 3,300?  
 Yes No

Are user rates at or above 2% of the decennial median household income?  
 Yes No  
 If yes, what is the monthly household sewer rate? \_\_\_\_\_

Is the community median household income at or below 75% of the state decennial median household income?  
 Yes No  
 If yes, community median household income : \_\_\_\_\_ data source: \_\_\_\_\_

**4. PROJECT INFORMATION**

WHAT WILL THE ENGINEERING REPORT COVER? WHY IS THIS ENGINEERING REPORT NEEDED? (ATTACH A SEPARATE SHEET, IF NECESSARY)

**5. PROJECT COST**

Total Facility Plan Cost:	\$
Local Match :	\$
Grant Amount Requested:	\$

**6. PERMIT INFORMATION**

List National Pollutant Discharge Elimination System, or NPDES, Permit Number(s) of water or wastewater facilities affected by this project:


Does the proposed project serve more than one community?    No    Yes    If yes, identify all communities

**7. PROJECT TYPE (CHECK ALL THAT APPLY)**

Addition of treatment or rehabilitation/process improvement of wastewater treatment plant to improve treatment  
Collection system rehabilitation primarily to address inflow/infiltration

Additional Information or comments:

**8. APPLICANT'S RESOLUTION OF GOVERNING BODY OF APPLICANT**

A completed Resolution of Governing Body of Applicant form is attached

**9. CERTIFICATION:**

The authorized representative certifies that the information submitted in this application is true and correct to the best of his/her knowledge and that he/she is authorized to sign and submit this application. The applicant agrees, if a grant is awarded on the basis of this application, to comply with all applicable terms, conditions and procedures, of the Department of Natural Resources rules and regulations and, the terms and conditions of the grant agreement. Incomplete applications will be returned.

SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE
NAME AND OFFICIAL TITLE (TYPE OR PRINT)	TELEPHONE NUMBER WITH AREA CODE

**PREPARER'S NAME AND SIGNATURE (IF APPLICABLE)**

SIGNATURE OF PREPARER	DATE
NAME AND TITLE (PLEASE PRINT OR TYPE)	TELEPHONE NUMBER WITH AREA CODE

## CLEAN WATER ENGINEERING GRANT APPLICATION INSTRUCTIONS

**Application Deadline:** Applications are accepted at any time. Applications should be submitted to the Financial Assistance Center at [fac@dnr.mo.gov](mailto:fac@dnr.mo.gov).

- 1. APPLICANT INFORMATION:** Print or type the applicant information. Include a street address if available. The applicant is the entity that will receive the grant funds, if awarded. Prior to receiving a grant award, the entity must have a DUNS (Data Universal Numbering System) number. The DUNS number is a nine digit number established and assigned by Dun and Bradstreet Inc., or D&B, to uniquely identify business entities. A DUNS number is available from D&B by telephone at 866-705-5711 or at [fedgov.dnb.com/webform](http://fedgov.dnb.com/webform). The applicant contact noted on the application should be knowledgeable about the application and able to be contacted during business hours. Include the population of the entire service area from the most recent decennial census and the number of service connections. Indicate whether the applicant has procured a consulting engineer. If an engineer has been procured, include procurement documentation with the application and complete information about the consulting engineer.
- 2. ELIGIBILITY CRITERIA:** The information included in Section 3 of the application will be used to determine the applicant's eligibility for the grant for the proposed project.
- 3. DISADVANTAGED COMMUNITY ASSESSMENT:** The information included in Section 3 of the application will be used to determine if the applicant meets the Clean Water State Revolving Fund criteria as a disadvantaged community. Please provide the most accurate information available. Provide the median household income based on the most recent decennial census. The median household income data can be found online at <https://data.census.gov/cedsci/>.
- 4. PROJECT DESCRIPTION:** Provide a brief project description and description of why it is necessary.
- 5. ESTIMATED PROJECT COST:** Supply the cost estimate for the facility plan, local match the applicant will provide and the grant amount requested. The match requirement is 20% of the total project cost. Disadvantaged communities have a 10% match requirement. The grant amount may not exceed \$50,000.
- 6. PERMIT INFORMATION:** List the Missouri State Operating Permit Number for each of the facilities that are included in the project.
- 7. PROJECT TYPE:** Check all project objectives that apply.
- 8. RESOLUTION OF GOVERNING BODY:** Complete the Resolution of Governing Body of Applicant.
- 9. CERTIFICATION:** The applicant's authorized representative must sign the application and attach any information that will enable the department to prioritize the wastewater needs. Make a copy of the completed application for your records. Incomplete applications will be returned.

**Application Submittal**

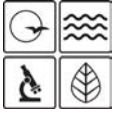
Mail the completed application to: Missouri Department of Natural Resources, Financial Assistance Center, P.O. Box 176, Jefferson City, MO 65102-0176 or email to at [fac@dnr.mo.gov](mailto:fac@dnr.mo.gov).

**Grant timeframe**

Funding provided under this program shall only be used as reimbursement of expenses for services provided *during the project's budget period*. Recipients should wait for notice to proceed from the Financial Assistance Center to initiate work under this grant in order to ensure all costs incurred are reimbursable.

**For More Information**

Missouri Department of Natural Resources  
Water Protection Program  
Financial Assistance Center  
P.O. Box 176  
Jefferson City, MO 65102-0176  
800-361-4827 or 573-751-1300  
[fac@dnr.mo.gov](mailto:fac@dnr.mo.gov)  
[www.dnr.mo.gov/env/wpp/srf/index.html](http://www.dnr.mo.gov/env/wpp/srf/index.html)



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM  
 FINANCIAL ASSISTANCE CENTER

**RESOLUTION OF GOVERNING BODY OF APPLICANT  
 RESOLUTION NO. \_\_\_\_\_**

(Suggested Form for Grant/Loan Applicant use)

Resolution authorizing the filing of an application with the Missouri Department of Natural Resources, Clean State Revolving Fund Program for an engineering grant under the Missouri Clean Water Law (Chapter 644, RSMo.).

WHEREAS pursuant to the terms of the Missouri Clean Water Law, Chapter 644, Revised Statutes of Missouri, the State of Missouri has authorized the making of loans and/or grants to authorized applicants to aid in the construction of specific public projects.

NOW, THEREFORE, be it resolved by \_\_\_\_\_  
*(governing body of applicant)*

1. That \_\_\_\_\_ be and he/she is hereby authorized to execute and  
*(designated official)*  
 file an application on behalf of \_\_\_\_\_  
*(legal name of applicant)*  
 with the State of Missouri for a loan and/or grant to aid in the construction of:

\_\_\_\_\_  
*(brief project description)*  
 \_\_\_\_\_

2. That \_\_\_\_\_,  
*(name of authorized official)* \_\_\_\_\_  
*(title)*

is hereby authorized and directed to furnish such information as the Missouri Department of Natural Resources may reasonably request in connection with the application which is herein authorized, to sign all necessary documents on behalf of the applicant, to furnish such assurances to the Missouri Department of Natural Resources as may be required by statute or regulation, and to receive payment on behalf of the applicant.

**CERTIFICATE OF RECORDING OFFICER**

The undersigned, duly qualified and acting \_\_\_\_\_ of the  
*(title of officer)*

\_\_\_\_\_,  
*(legal name of applicant)* does hereby certify: That the attached resolution is a true and correct copy of the resolution adopted at a legally convened meeting of the \_\_\_\_\_ held on the \_\_\_\_\_ day of \_\_\_\_\_;  
*(name of the governing body of applicant)*

and further that such resolution has been fully recorded in the journal of proceedings and records in my office. IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
*(signature of recording officer)*

\_\_\_\_\_  
*(title of recording officer)*

SEAL (If applicant has an official seal, impress here.)