



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM  
**APPLICATION FOR WATER QUALITY MANAGEMENT GRANTS**

<b>FOR OFFICE USE ONLY</b>	
DATE RECEIVED	
ALL DOCUMENTATION RECEIVED	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

**I. SPONSORING AGENCY INFORMATION**

NAME OF SPONSORING ORGANIZATION		
SPONSORING ORGANIZATION MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		SPONSORING ORGANIZATION TYPE (CHECK ONE) <input type="checkbox"/> Nonprofit 501(c)(3) (provide copy of IRS letter) <input type="checkbox"/> Government: specify: _____
SPONSOR TAX ID NUMBER	UNIQUE IDENTIFIER	CONGRESSIONAL DISTRICT
PRIMARY SPONSOR CONTACT (NAME, TITLE, TELEPHONE NUMBER WITH AREA CODE, FAX NUMBER, EMAIL ADDRESS)		PROJECT MANAGER CONTACT INFORMATION (IF DIFFERENT FROM PRIMARY CONTACT)

**II. PROJECT INFORMATION SUMMARY**

NAME OF FEASIBILITY PROJECT	
PROJECT START DATE (MM/DD/YYYY)	PROJECT END DATE (MM/DD/YYYY)

**Project Budget Summary**

	Section 604(b) Funds Requested	Non-Federal Match [Not Required]	Total
Salary	\$	\$	\$
Fringe	\$	\$	\$
Travel	\$	\$	\$
Equipment	\$	\$	\$
Supplies	\$	\$	\$
Contractual	\$	\$	\$
Other	\$	\$	\$
Indirect (if rate approved by a cognizant agency )	\$	\$	\$
Totals	0	0	0

**III. SIGNATURE**

To the best of my knowledge, all the data in the application are true and correct. The documentation has been duly authorized by the governing body of the applicant. As the authorizing representative I attest that I have read the required documents and assure that we can and will comply with all requirements and conditions of this grant if awarded.

NAME AND TITLE OF AUTHORIZED ORGANIZATION REPRESENTATIVE	SIGNATURE	TELEPHONE NUMBER WITH AREA CODE
NAME AND TITLE OF APPLICANT	SIGNATURE	TELEPHONE NUMBER WITH AREA CODE

Submit applications online at <https://dnr.mo.gov/fundingoppportal.htm>

For questions regarding this solicitation, please call Hannah Humphrey at 573-751-1192 between the hours of 8 a.m. and 5:00 p.m., Monday through Friday.  
 For questions or issues regarding the online submission, please call Misty Lange at 573-751-2994 between the hours of 8 a.m. and 5 p.m., Monday through Friday.

**IV. DETAILED PROJECT INFORMATION**

PROJECT GEOGRAPHIC COVERAGE (CHECK ONE AND ATTACH MAP OF PROJECT AREA)

- Counties Affected \_\_\_\_\_
- Facilities Included \_\_\_\_\_
- 8-Digit HUC Names \_\_\_\_\_
- Approximate Planning Area (Acres) \_\_\_\_\_
- Facility Identification Numbers for permitted facilities \_\_\_\_\_
- Other Location Information (if applicable) \_\_\_\_\_

IS THIS EFFORT ASSOCIATED WITH A CURRENT SRF PROJECT OR 604B PROJECT?

- Yes       No

IS THIS PROJECT ASSOCIATED WITH A CURRENT ENFORCEMENT CASE(S)?

- Yes       No

POLLUTANTS TO BE ADDRESSED (CHECK ALL THAT APPLY)

- Excess Nitrogen
- Excess Phosphorus
- Ammonia
- Sedimentation
- Bacteria
- Low Dissolved Oxygen
- Pesticides
- pH
- Temperature
- Other (specify) \_\_\_\_\_

FEASIBILITY STUDY OPTIONS (SEE SECTION III.D. OF THE REQUEST FOR PROPOSALS AND CHECK ALL THAT APPLY)

- Evaluate the possible consolidation of two or more permitted wastewater treatment systems into one regional system.
- Evaluate the physical interconnection of two or more permitted wastewater treatment systems.

DOES THE FEASIBILITY AREA CONTAIN WATERS LISTED AS IMPAIRED ON MISSOURI'S 303(D) LIST? (NOT A REQUIREMENT)

- Yes       No

WILL THIS PROJECT ADDRESS A TOTAL MAXIMUM DAILY LOAD? (NOT A REQUIREMENT)

- Yes       No

**V. PROJECT NARRATIVE**

The narrative should be clear, concise, and address all the following elements within this section. Additional pages may be added if space is not available for a complete answer. Attach a map with the study area clearly delineated.

Project Background

BRIEFLY DESCRIBE THE PROJECT AREA (SUCH AS LAND USE, WATERSHED CHARACTERISTICS, DEMOGRAPHICS AND POPULATION TRENDS, SOIL TYPE, GEOLOGY OF AREA, ETC).

DESCRIBE THE NEED FOR, AND VALUE OF THE PROJECT.

HOW WILL THE PROJECT RESULTS BE USED OR IMPLEMENTED IN THE FUTURE? WHO IS THE TARGETED AUDIENCE FOR THIS FEASIBILITY STUDY?

<b>Project Goals, Objectives and Tasks</b>	<p>OBJECTIVE(S): IDENTIFY THE SPECIFIC OBJECTIVE(S) OF THE PROPOSED PROJECT. OBJECTIVES SHOULD BE CLEARLY STATED AND MEASURABLE.</p>
	<p>WHAT ARE THE COMPONENTS OF THE PLANNED FEASIBILITY STUDY PROJECT?</p>
<b>Management and Coordination</b>	<p>BRIEFLY DESCRIBE WHO WILL MANAGE THE PROJECT AND THEIR DUTIES. PLEASE INCLUDE THE ACTIVITIES, RESPONSIBILITIES, AND THE QUALIFICATIONS OF EACH PARTY.</p>
	<p>IF APPLICABLE, DESCRIBE CONTRACTING AND SUBCONTRACTING PLANS AND PROCEDURES.</p>
	<p>BRIEFLY DESCRIBE HOW PARTNERING AGENCIES OR ORGANIZATIONS WILL CONTRIBUTE TO THE PROJECT. (ATTACH LETTERS OF SUPPORT THAT ARE SPECIFIC TO COLLABORATION ROLES OR CONTRIBUTIONS). INCLUDE COMMUNITY LEADER INVOLVEMENT AND DESCRIBE HOW VARIOUS SECTORS OF THE COMMUNITY WILL BE INVOLVED IN PROJECT ACTIVITIES (IF APPLICABLE) AND IN CARRYING OUT ACTIVITIES THAT WILL STEM FROM THE PROJECT'S COMPLETION.</p>

<b>Management and Coordination Continued</b>	BRIEFLY DESCRIBE THE TYPES OF RESOURCES THAT WILL BE USED TO COMPLETE THE PROJECT (E.G., TIME, STAFF, ENGINEERING CONTRACTOR, OTHER FUNDING, ETC.).
<b>Public Participation and Outreach</b>	BRIEFLY DESCRIBE HOW THE PROJECT RESULTS WILL BE SHARED WITH THE PUBLIC DURING AND AFTER THE PROJECT.
<b>Compatibility with and Needs</b>	IDENTIFY THE SPECIFIC STATEWIDE AND REGIONAL WATER QUALITY NEEDS THE PROJECT WILL ADDRESS.

Final Products and  
Measureable  
Environmental  
Results

BRIEFLY DESCRIBE THE EXPECTED OUTCOMES AND WORK PRODUCTS TO BE PRODUCED BY THE PROJECT. FOR EACH CHECKED ITEM, DESCRIBE HOW THE OUTCOME WILL BE DOCUMENTED.

Feasibility Study Report

Plan Development or Implementation

(EXAMPLE: BALLOT MEASURE, BOARD FORMATION, FUNDING APPLICATION, IMPLEMENTATION LOAN APPLICATIONS, ETC.)

Knowledge or Behavior Change

(EXAMPLE: PRE- AND POST- SURVEYS, MEETING ATTENDANCE, ETC.)

Other Measures

**VI. GENERAL SCHEDULE AND MILESTONES**

Estimate the expected completion date for each major milestone to be completed for each project year. The budget period for this grant will not exceed two years. Expand the rows as necessary to include additional information as needed or attach on separate sheet.

<b>Key Milestone</b>	<b>Responsible Party(ies)</b>	<b>Targeted Completion Date</b>
<b>Year 1</b>		
<b>Year 2</b>		