



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM, FINANCIAL ASSISTANCE CENTER  
**CLEAN WATER STATE REVOLVING FUND  
 REGIONALIZATION INCENTIVE GRANT APPLICATION**

FOR OFFICE USE ONLY	
DATE RECEIVED	
FINANCIAL CODE	
TIER	PRIORITY POINTS

Submit application to Missouri Department of Natural Resources, Financial Assistance Center  
 P.O. Box 176, Jefferson City, MO 65102-0176. Please type or print legibly.

**1. APPLICANT INFORMATION**

NAME OF APPLICANT		DUNS NUMBER	
APPLICANT TELEPHONE NUMBER WITH AREA CODE Ext.		APPLICANT FAX NUMBER WITH AREA CODE	
APPLICANT MAILING ADDRESS		APPLICANT EMAIL ADDRESS	
CITY	STATE	ZIP CODE + FOUR	COUNTY
AUTHORIZED REPRESENTATIVE NAME		AUTHORIZED REPRESENTATIVE TITLE	
NAME OF PERSON TO CONTACT ABOUT THIS APPLICATION		TITLE OF PERSON TO CONTACT ABOUT THIS APPLICATION	
CONTACT PERSON TELEPHONE NUMBER WITH AREA CODE Ext.		CONTACT PERSON EMAIL ADDRESS	

**2. GENERAL INFORMATION**

NAME OF APPLICANT'S FACILITY TO RECEIVE FLOW		PERMIT # OF APPLICANT'S FACILITY TO RECEIVE FLOW MO-	
DESIGN FLOW OF FACILITY	ACTUAL FLOW OF FACILITY	ESTIMATED ADDITIONAL FLOW	
ESTIMATED POPULATION OF AREA(S) TO BE SERVED		ESTIMATED NUMBER OF NEW SERVICE CUSTOMERS	
U.S. CONGRESSIONAL DISTRICT NUMBER(S)	STATE SENATE DISTRICT NUMBER(S)	STATE REPRESENTATIVE DISTRICT NUMBER(S)	

The proposed project has a completed Facility Plan?  No  Yes, attach copy  
 (If yes, complete Sections 3 and 4 on page 2 of this application. If no, leave Sections 3 and 4 blank, and skip to Section 5.)

Applicant has fully negotiated service agreement(s) with all parties involved with the project and the agreement(s) meet Department minimum requirements? See minimum requirements attached to this application.  No  Yes, attach copy(ies)

**Project Description and Environmental Benefits:**

**3. ARCHITECTURAL AND ENGINEERING CONSULTANT INFORMATION**

CONSULTING FIRM'S NAME		PROJECT CONSULTANT'S NAME	
CONSULTANT MAILING ADDRESS		CONSULTANT EMAIL ADDRESS	
CITY	STATE	ZIP CODE + FOUR	
CONSULTANT TELEPHONE NUMBER WITH AREA CODE Ext.	CONSULTANT FAX NUMBER WITH AREA CODE	DUNS NUMBER	

**4. PROJECT COST INFORMATION (Please provide copy of facility plan with application)**

Cost Estimate Dated:	Cost Breakdown
Engineering Planning and Design	\$
Engineering (Construction Phase)	\$
Engineering Inspection	\$
Land and Easements	\$
Legal Fees	\$
Construction	\$
Equipment	\$
Other Costs (specify)	\$
Contingencies (five percent of the Construction and Equipment costs)	\$
<b>Total Project Costs</b>	<b>\$</b>

**5. THE FOLLOWING INFORMATION IS REQUIRED BY 10 CSR 20-4.040 & MUST BE INCLUDED WITH APPLICATION FORM:**

- A project summary that includes statement of need for project
- The project components including maps or drawings showing the project location(s)
- Resolution of governing body designating an authorized representative per 10 CSR 20-4.040(10)
- Application signed by the authorized representative
- Application signed by the owner(s) of systems proposed to be connected
- Documentation for engineering services procured per §8.285 - 8.291, RSMo. (required if section 3 is completed)

**6. FACILITIES TO BE CONNECTED WITH THIS PROJECT (Complete one section for each facility to be connected)**

FACILITY NAME		PERMIT # (IF PERMITTED) MO-	NAME OF RECEIVING STREAM	
FACILITY OWNER OR REPRESENTATIVE		EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE	
ADDRESS		CITY	STATE	ZIP CODE
CURRENT NUMBER OF CONNECTIONS	TOTAL FUTURE NUMBER OF CONNECTIONS IF DIFFERENT FROM CURRENT		MEDIAN HOUSEHOLD INCOME	
FACILITY TYPE <input type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned		Site-specific Facility Plan completed? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach copy		
COMPLIANCE HISTORY OF FACILITY <input type="checkbox"/> Facility in enforcement <input type="checkbox"/> Facility compliant and has a permit with a future Schedule of Compliance (SOC) date <input type="checkbox"/> Facility compliant with no SOC <input type="checkbox"/> Facility operating without required Missouri State Operating Permit				

The facility owner, or its representative, attests that the facility owner(s) desire to connect to the applicant's wastewater treatment system. The facility owner agrees to connect to the applicant's system and agrees to negotiate and enter into a service agreement with the applicant if the project is selected for award of a grant. The facility owner agrees, if a grant is awarded based on this application, to comply with all applicable terms, conditions, and procedures of the Department of Natural Resources; the applicable rules and regulations of the Missouri Clean Water Commission; and the terms and conditions of the grant agreement and negotiated service agreement.

SIGNATURE OF FACILITY OWNER	DATE
NAME AND OFFICIAL TITLE (TYPE OR PRINT)	TELEPHONE NUMBER WITH AREA CODE Ext.

6. FACILITIES TO BE CONNECTED WITH THIS PROJECT (continued)				
FACILITY NAME		PERMIT # (IF PERMITTED) MO-	NAME OF RECEIVING STREAM	
FACILITY OWNER OR REPRESENTATIVE		EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE	
ADDRESS		CITY	STATE	ZIP CODE
CURRENT NUMBER OF CONNECTIONS	TOTAL FUTURE NUMBER OF CONNECTIONS IF DIFFERENT FROM CURRENT		MEDIAN HOUSEHOLD INCOME	
FACILITY TYPE <input type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned		Site-specific Facility Plan completed? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach copy		
COMPLIANCE HISTORY OF FACILITY <input type="checkbox"/> Facility in enforcement <input type="checkbox"/> Facility compliant and has a permit with a future Schedule of Compliance (SOC) date <input type="checkbox"/> Facility compliant with no SOC <input type="checkbox"/> Facility operating without required Missouri State Operating Permit				
The facility owner, or its representative, attests that the facility owner(s) desire to connect to the applicant's wastewater treatment system. The facility owner agrees to connect to the applicant's system and agrees to negotiate and enter into a service agreement with the applicant if the project is selected for award of a grant. The facility owner agrees, if a grant is awarded based on this application, to comply with all applicable terms, conditions, and procedures of the Department of Natural Resources; the applicable rules and regulations of the Missouri Clean Water Commission; and the terms and conditions of the grant agreement and negotiated service agreement.				
SIGNATURE OF FACILITY OWNER			DATE	
NAME AND OFFICIAL TITLE (TYPE OR PRINT)			TELEPHONE NUMBER WITH AREA CODE Ext.	
FACILITY NAME		PERMIT # (IF PERMITTED) MO-	NAME OF RECEIVING STREAM	
FACILITY OWNER OR REPRESENTATIVE		EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE	
ADDRESS		CITY	STATE	ZIP CODE
CURRENT NUMBER OF CONNECTIONS	TOTAL FUTURE NUMBER OF CONNECTIONS IF DIFFERENT FROM CURRENT		MEDIAN HOUSEHOLD INCOME	
FACILITY TYPE <input type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned		Site-specific Facility Plan completed? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach copy		
COMPLIANCE HISTORY OF FACILITY <input type="checkbox"/> Facility in enforcement <input type="checkbox"/> Facility compliant and has a permit with a future Schedule of Compliance (SOC) date <input type="checkbox"/> Facility compliant with no SOC <input type="checkbox"/> Facility operating without required Missouri State Operating Permit				
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SIGNATURE OF FACILITY REPRESENTATIVE			DATE	
NAME AND OFFICIAL TITLE (TYPE OR PRINT)			TELEPHONE NUMBER WITH AREA CODE Ext.	
FACILITY NAME		PERMIT # (IF PERMITTED) MO-	NAME OF RECEIVING STREAM	
FACILITY OWNER OR REPRESENTATIVE		EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE	
ADDRESS		CITY	STATE	ZIP CODE
CURRENT NUMBER OF CONNECTIONS	TOTAL FUTURE NUMBER OF CONNECTIONS IF DIFFERENT FROM CURRENT		MEDIAN HOUSEHOLD INCOME	
FACILITY TYPE <input type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned		Site-specific Facility Plan completed? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach copy		
COMPLIANCE HISTORY OF FACILITY <input type="checkbox"/> Facility in enforcement <input type="checkbox"/> Facility compliant and has a permit with a future Schedule of Compliance (SOC) date <input type="checkbox"/> Facility compliant with no SOC <input type="checkbox"/> Facility operating without required Missouri State Operating Permit				
The facility owner, or its representative, attests that the facility owner(s) desire to connect to the applicant's wastewater treatment system. The facility owner agrees to connect to the applicant's system and agrees to negotiate and enter into a service agreement with the applicant if the project is selected for award of a grant. The facility owner agrees, if a grant is awarded based on this application, to comply with all applicable terms, conditions, and procedures of the Department of Natural Resources; the applicable rules and regulations of the Missouri Clean Water Commission; and the terms and conditions of the grant agreement and negotiated service agreement.				
SIGNATURE OF FACILITY REPRESENTATIVE			DATE	
NAME AND OFFICIAL TITLE (TYPE OR PRINT)			TELEPHONE NUMBER WITH AREA CODE Ext.	

**7. CERTIFICATION**

I, the undersigned authorized representative, certify that the information submitted in this application is true and correct to the best of my knowledge and that I am authorized to sign and submit this application. I attest that the applicant has communicated with the facility or facilities to be connected that are listed on this application, and it is my understanding that the facility or facilities wish to be connected to the applicant's wastewater treatment system. I attest that the applicant, if approved for funding, agrees to enter into a service agreement with the facility or facility owners listed on this application for the purpose of providing wastewater treatment for those communities. 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; the applicable rules and regulations of the Missouri Clean Water Commission; and the terms and conditions of the loan agreement. The Department will not evaluate incomplete applications.

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE

DATE

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

TELEPHONE NUMBER WITH AREA CODE  
Ext.**8. PREPARER'S NAME AND SIGNATURE (if applicable)**

SIGNATURE OF PREPARER

DATE

NAME AND TITLE (PRINT OR TYPE)

TELEPHONE NUMBER WITH AREA CODE  
Ext.

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

Resolution authorizing the filing of an application with the Missouri Department of Natural Resources, State Revolving Fund Program for financial assistance 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 \_\_\_\_\_ *(designated official)* be and he/she is hereby authorized to execute and 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 planning or construction of:

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

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

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)*

\_\_\_\_\_, does hereby certify: That the attached resolution is a  
*(legal name of applicant)*

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.)

# Procurement Certification Form

## Procurements of Architectural and Engineering Services

Project Name: \_\_\_\_\_

Missouri Law (§§8.285 to 8.291, RSMo.) requires that political subdivisions of the state, such as counties, municipalities, and water or sewer districts, procuring professional design and engineering services follow a qualifications based selection process.

This form is intended for use by applicants seeking financial assistance from the Missouri Department of Natural Resources' Water Protection Program. The form will assist in documenting that the [city/district] has properly procured professional design and engineering services.

### A. Qualifications Based Engineering Procurement

Applicants are required to certify the following:

1. That the applicant made a good faith effort to seek the most-qualified firm for professional services, by issuing a Request for Qualifications (RFQ) from 3-5 firms (see attached example). Allow at least 30 days for the solicitation period. Check your local phone directory, search the internet, or visit [www.acecmo.org/membership/acecmo-directory/](http://www.acecmo.org/membership/acecmo-directory/) to find engineering firms.

**The Request for Qualifications is attached.**

2. That the applicant evaluated the proposals or qualifications and selected a firm based on professional competency, past performance, specialized experience, and other factors deemed critical for success of the project. See example evaluation sheet at <https://www.acecmo.org/wp-content/uploads/Evaluation-Sheet.pdf>.

**The evaluation sheets for each firm are attached.**

**Please list the firms that responded to the Request for Qualifications.**

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3. That after making a selection based on qualifications, the applicant negotiated a contract and determined compensation. (If the applicant was unable to negotiate a contract with the most qualified firm, the applicant may then negotiate with the next-most-qualified firm).

Please check one:

- The \_\_\_\_\_ [city/district], certifies that the \_\_\_\_\_ [city/district] negotiated the contract for architectural and engineering services with \_\_\_\_\_ [engineer firm] on the basis of demonstrated competence and qualification for the type of services required and at a fair and reasonable price as cited in Sections 8.285 through 8.291, RSMo.**

If a minimum of three firms are not evaluated, please explain below and contact the Department for further guidance.

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- Compliance with Sections 8.285 to 8.291, RSMo. is not required as all architectural and engineering work was performed in-house, or for the reasons listed below:**

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\_\_\_\_\_  
Name and Title of Authorized Representative (Please Print or Type)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

## **Clean Water State Revolving Fund Regionalization Incentive Grant Application Instructions for Form 780-2881**

Note: Any funding assistance is subject to all State Revolving Fund (SRF) requirements. Potential applicants should contact the Missouri Department of Natural Resources' Financial Assistance Center prior to completing and submitting an application to ensure the proposed project is within program parameters. Please contact the Financial Assistance Center at 573-751-1192 or toll free at 800-361-4827.

It is important that any community who wishes to apply for this funding opportunity submit their application early in the project planning process. Early application and communication with the Department on each step are imperative to ensure the project meets all state and federal funding requirements.

### **Application Instructions**

1. 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, the entity must have a DUNS (Data Universal Numbering System) number. The DUNS number is a 9-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 <http://fedgov.dnb.com/webform>. The contact noted on the application should be knowledgeable about the application and able to be contacted during business hours.
2. Include general information regarding the applicant's wastewater facility that would be accepting the flow from the facility(ies) being connected. Include the estimated population of the proposed facility(ies) to be served, the estimated new number of customers/connections, indicate if a facility plan has already been developed for the project, and if service agreement(s) for all facility(ies) that are part of the project have been executed.

Without a detailed project description, the project may not be considered eligible for the grant. The project description should fully describe the need for and the value of the project. The project description must include a description of the facility(ies) to be connected including the type of wastewater treatment and collection system(s) serving the facility(ies); any ongoing environmental protection and public health issues, such as impaired watersheds, contaminated sources, failing infrastructure, etc.; a discussion of the facility(ies) financial need (Median Household Income) for the grant; and any other information believed pertinent. The applicant may attach separate pages containing the description, if additional space is needed.

3. Complete this section only if an engineering firm has been procured for the proposed project. Include the engineering firm's name and the name of the professional engineer working on the project. All engineering services must be procured in accordance with Sections 8.285 - 8.291, RSMo. for those service costs to be eligible through this grant. This section can be left blank if engineering services have not already been procured for the project.
4. Complete this section only if a facility plan has already been prepared for this proposed project. Supply the cost estimates from the prepared facility plan for the proposed project. Land acquisition, surface and subsurface easements, places to store equipment and material during construction, and land needed to locate projects are potential eligible costs. Funding recipients must certify compliance with the Uniform Relocation and Real Property Acquisition Act of 1970, Public Law 91-646, as amended. This section can be left blank if a facility plan has not already been developed for the project, unless the applicant meets the definition in No. 3.

5. Information required by 10 CSR 20-4.040 must be submitted before the application will be scored and prioritized. The map must include the location of the applicant's collection system (at a minimum, the portion of the collection system closest to the proposed facility to be connected) and the proposed facility(ies) location(s). If the applicant completes Section 3 of the application, the applicant must also submit a completed copy of the attached Procurement Certification Form, along with the scoring criteria and scoring sheets that document the qualifications based procurement process was followed.
6. Include information about the facility(ies) to be connected; only wastewater treatment facility(ies) with a Missouri State Operating Permit may be included. If the applicant is proposing to connect more than four (4) facilities with this grant, please copy and attach additional pages on the facilities to be connected as needed.
7. The applicant's authorized representative must sign the application. In addition to the application, the applicant must submit a completed copy of the attached "Resolution of Governing Body" designating an authorized representative, who will sign all documents, including this application. Language required in the resolution is provided after the application.

***Incomplete Applications Will Not Be Evaluated or Returned***

**Submittal Instructions**

- Attach any additional information that will enable the Department to prioritize the proposed project.
- Make a copy of the completed application for your records.
- Submit completed application via:
  - Email to: [fac@dnr.mo.gov](mailto:fac@dnr.mo.gov) (preferred)
  - Mail to: Missouri Department of Natural Resources  
Water Protection Program  
Financial Assistance Center  
P.O. Box 176  
Jefferson City, MO 65102-0176

**The Department will accept applications only during the solicitation period outlined in the current announcement. All applications received outside these dates will not be considered until the following year, assuming funds are available.**

**For More Information:**

Missouri Department of Natural Resources  
Water Protection Program  
Financial Assistance Center  
P.O. Box 176  
Jefferson City, MO 65102-0176  
Phone: 800-361-4827 or 573-751-1192  
FAX: 573-751-9396  
Email: [fac@dnr.mo.gov](mailto:fac@dnr.mo.gov)  
Web: <https://dnr.mo.gov/env/wpp/srf/index.html>