

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			\$
Total Project Costs			\$
5. THE FOLLOWING INFORMATION IS REQUIRED BY 10 CSR 20-4.040 AND MUST BE INCLUDED WITH THIS APPLICATION FORM:			
<p>A project summary that includes the need for the project</p> <p>The project components including maps or drawings showing the project location(s)</p> <p>Resolution of Governing Body designating an authorized representative per 10 CSR 20-040(10)</p> <p>Application signed by the authorized representative</p> <p>Application signed by the owner(s) of systems proposed to be connected</p>			
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 Publicly Owned Privately Owned		Site-specific Facility Plan completed. No Yes, attach copy	
COMPLIANCE HISTORY OF FACILITY Facility in Enforcement Facility Compliant and has a Permit with a Future Schedule of Compliance (SOC) Date Facility Compliant no SOC			
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 Publicly Owned Privately Owned		Site-specific Facility Plan completed. No Yes, attach copy		
COMPLIANCE HISTORY OF FACILITY Facility in Enforcement Facility Compliant and has a Permit with a Future Schedule of Compliance (SOC) Date Facility Compliant no SOC				
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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	
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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	
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SIGNATURE OF FACILITY REPRESENTATIVE			DATE	
NAME AND OFFICIAL TITLE (TYPE OR PRINT)			TELEPHONE NUMBER WITH AREA CODE Ext.	

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.**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 loans 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)

_____, 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.)

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.

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(s) being connected. Include the estimated population of the proposed facility(s) 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(s) 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 the project and the value of the project. The project description must include a description of the facility(s) to be connected including the type of wastewater treatment and collection system(s) serving the facility(s), any ongoing environmental protection and public health issues, such as impaired watersheds, contaminated sources, failing infrastructure, etc., a discussion of the facility(s) 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 Section 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, unless the applicant meets the following definition.

A municipality which has been designated as the area-wide management authority per 10 CSR 20-6.010 (2) and not under Section 208 of the Federal Water Pollution Control Act that is connecting a private or public facility(s) within their political boundary and/or designated service area.

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 eligible projects are eligible costs. Funding recipients must certify compliance with the Uniform Relocation and Real Property Acquisition Act of 1970, P.L. 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(s) location(s).
6. Include information about the facility(s) to be connected; only wastewater treatment facility(s) 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.

In addition to the application, the applicant must submit a "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

- Sign the application; attach any additional information that will enable the department to prioritize the proposed project.
- Make a copy of the completed application for your records.
- Mail the completed applications to:
Missouri Department of Natural Resources
Water Protection Program
Financial Assistance Center
P.O. Box 176
Jefferson City, MO 65102-0176
- Application can also be emailed to FAC@dnr.mo.gov

The Department will accept applications between October 31, 2019, through December 31, 2019. All applications received outside these dates will not be considered until the following year's solicitation period, assuming funds are available the following year.

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 573-751-1192
FAX: 573-751-9396
<https://dnr.mo.gov/env/wpp/srf/index.html>