



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM  
**APPLICATION FOR SOURCE WATER PROTECTION DEVELOPMENT  
AND IMPLEMENTATION GRANT**

1. APPLICANT INFORMATION		
PUBLIC WATER SYSTEM NAME		
PUBLIC WATER SYSTEM ID	PUBLIC WATER SYSTEM OFFICE PHONE NUMBER WITH AREA CODE	
PUBLIC WATER SYSTEM D-U-N-S NUMBER	PUBLIC WATER SYSTEM FAX NUMBER WITH AREA CODE	
PUBLIC WATER SYSTEM PRIMARY ADDRESS		PUBLIC WATER SYSTEM E-MAIL (IF AVAILABLE)
U.S. CONGRESSIONAL DISTRICT	MISSOURI HOUSE DISTRICT	MISSOURI SENATE DISTRICT
2. PROJECT MANAGEMENT INFORMATION		
PROJECT TITLE		
PROJECT MANAGER NAME	PROJECT MANAGER TITLE	
PRIMARY PHONE NUMBER WITH AREA CODE	SECONDARY PHONE NUMBER WITH AREA CODE	
FAX NUMBER WITH AREA CODE	E-MAIL	
PROJECT START DATE (ANTICIPATED)	PROJECT END DATE (ANTICIPATED)	
3. DETAILED PROJECT DESCRIPTION		
PROJECT OVERVIEW		
PRIMARY GOALS, OBJECTIVES, AND TASKS		

LIST AND DESCRIBE THE PROJECT PARTNERS, COLLABORATORS, AND ASSOCIATED ROLES

DESCRIBE THE BEST MANAGEMENT PRACTICES THAT ARE TO BE IMPLEMENTED THROUGH THIS PROJECT

DESCRIBE HOW THIS PROJECT WILL PROMOTE AWARENESS OF SOURCE WATER PROTECTION AND ENCOURAGE PUBLIC PARTICIPATION WITH SOURCE WATER PROTECTION INITIATIVES OR ACTIVITIES. DESCRIBE HOW THESE EFFORTS WILL BE CONTINUED FOLLOWING COMPLETION OF THE PROJECT

DESCRIBE THE FINAL PRODUCTS THAT ARE ANTICIPATED TO RESULT FROM COMPLETION OF THE PROJECT

SOURCE WATER PROTECTION PLAN STATUS

Developing Initial Plan     Implementation of Existing Plan     Renewal of Expired Plan

4. PROJECT BUDGET			
Expense Item	Grant Funds	Matching Funds	Total
Public Water System Staff Time/Volunteer Services (Specify)			
		\$	
		\$	
		\$	\$
Material/Supply Costs (Specify)			
	\$	\$	
	\$	\$	
	\$	\$	\$
Contractual/Implementation Costs (Specify)			
	\$	\$	
	\$	\$	
	\$	\$	\$
Incentives (Specify)			
	\$	\$	
	\$	\$	
	\$	\$	\$
Other (Specify)			
	\$	\$	
	\$	\$	
	\$	\$	\$
<b>Totals</b>	\$	\$	\$
<b>Match Percentage</b> =		%	

**5. SIGNATURES**

To the best of my knowledge, all the data in this application is 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 I can and will comply with all requirements and conditions of this grant if awarded.

PRIMARY APPLICANT ORGANIZATION		PUBLIC WATER SYSTEM ID	
NAME AND TITLE OF AUTHORIZED ORGANIZATION REPRESENTATIVE	SIGNATURE	DATE	
NAME AND TITLE OF PROJECT MANAGER	SIGNATURE	DATE	

**6. INSTRUCTIONS FOR SUBMITTING GRANT APPLICATION**

The completed grant application must be submitted to the Missouri Department of Natural Resources' Public Drinking Water Branch at the following address:

MISSOURI DEPARTMENT OF NATURAL RESOURCES, WATER PROTECTION PROGRAM, PUBLIC DRINKING WATER BRANCH, ATTN: SOURCE WATER PROTECTION COORDINATOR, P.O. BOX 176, JEFFERSON CITY, MO 65102-0176

Phone: 573-751-5331 or 800-361-4827      FAX: 573-751-3110

-----FOR PUBLIC DRINKING WATER BRANCH USE ONLY-----

DATE RECEIVED:	REVIEWER COMMENTS:
IS THE APPLICATION COMPLETE?	