



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, FINANCIAL ASSISTANCE CENTER
**CLEAN WATER SMALL COMMUNITY ENGINEERING ASSISTANCE
 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	
PRIORITY POINTS	

This application is for an Engineering Assistance Grant

APPLICANT INFORMATION

NAME OF APPLICANT	APPLICANT EMAIL ADDRESS
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Incorporated Municipality Public Water or Sewer District Other:

APPLICANT TELEPHONE NUMBER WITH AREA CODE Ext.	APPLICANT FAX NUMBER WITH AREA CODE
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APPLICANT MAILING ADDRESS

CITY	STATE	ZIP CODE + FOUR	COUNTY
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AUTHORIZED REPRESENTATIVE NAME	AUTHORIZED REPRESENTATIVE TITLE
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NAME OF PERSON TO CONTACT ABOUT THIS APPLICATION	TELEPHONE NUMBER WITH AREA CODE Ext.
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POPULATION (CURRENT CENSUS)	POPULATION OF AREA TO BE SERVED
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STATE SENATE DISTRICT NUMBER (S)	STATE REPRESENTATIVE DISTRICT NUMBER (S)
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Has the applicant procured engineering services?
 NO YES: Attach procurement documentation

CONSULTING ENGINEER

CONSULTANT MAILING ADDRESS

CITY	STATE	ZIP CODE + FOUR
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CONSULTANT TELEPHONE NUMBER WITH AREA CODE Ext.	CONSULTANT FAX NUMBER WITH AREA CODE
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PROPOSED PROJECT INFORMATION

Point Source Project Decentralized Treatment System

DESCRIPTION OF NEED FOR FACILITY PLAN

PERMIT INFORMATION

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

PROJECT COST INFORMATION

Source of Matching Funds:

Grant Amount Requested \$

WATERSHED INFORMATION

WATER BODY AFFECTED BY PROPOSED PROJECT	<input type="checkbox"/> Check if this is the receiving water body <input type="checkbox"/> Check if the body is classified <input type="checkbox"/> If affected water body is not classified, provide the nearest downstream water body
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Does the proposed project serve more than one community? Yes No If yes, identify communities:

PROJECT TYPE (CHECK ALL THAT APPLY)

- Combined sewer overflow/sanitary sewer overflow Number of overflows per year: _____
- Wastewater Treatment Facility (specify)
- New facility
- Increase capacity/increase level of treatment
- Rehabilitation/process improvement
- Failing or failed on-site wastewater disposal system Percentage of systems failing: _____ %
- On-site system replacement/rehabilitation
- Construction of a decentralized wastewater system
- New collection system
- Collection system rehabilitation primarily to address inflow/infiltration
- Upgrade or expansion of existing collection system

Does the proposed project address groundwater pollution? Yes No

Additional Information:

APPLICANT FINANCIAL INFORMATION

A. Median Household Income (from census)

B Current monthly sewer use rate (for 5,000 gallons)

Proposed sewer rate (for 5,000 gallons)

C Sewer revenues for most recent year ended

Date of last sewer rate increase:

D. Sewer operating expenditures for most recent year

CERTIFICATION:

The undersigned 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