



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	
<input type="checkbox"/> Incorporated Municipality <input type="checkbox"/> Public Water or Sewer District <input type="checkbox"/> Other:			
APPLICANT TELEPHONE NUMBER WITH AREA CODE Ext.		APPLICANT FAX NUMBER WITH AREA CODE	
APPLICANT MAILING ADDRESS			
CITY	STATE	ZIP CODE + FOUR	COUNTY
AUTHORIZED REPRESENTATIVE NAME		AUTHORIZED REPRESENTATIVE TITLE	
NAME OF PERSON TO CONTACT ABOUT THIS APPLICATION		TELEPHONE NUMBER WITH AREA CODE Ext.	
POPULATION (CURRENT CENSUS)		POPULATION OF AREA TO BE SERVED	
STATE SENATE DISTRICT NUMBER (S)		STATE REPRESENTATIVE DISTRICT NUMBER (S)	

Has the applicant procured engineering services?
 NO YES: Attach procurement documentation

CONSULTING ENGINEER		
CONSULTANT MAILING ADDRESS		
CITY	STATE	ZIP CODE + FOUR
CONSULTANT TELEPHONE NUMBER WITH AREA CODE Ext.		CONSULTANT FAX NUMBER WITH AREA CODE

PROPOSED PROJECT INFORMATION

<input type="checkbox"/> Point Source Project	<input type="checkbox"/> 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
Does the proposed project serve more than one community? <input type="checkbox"/> Yes <input type="checkbox"/> 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

RESOLUTION OF GOVERNING BODY OF APPLICANT
RESOLUTION NO. _____

Resolution authorizing the filing of an application with the Missouri Department of Natural Resources, Small Community Engineering Assistance Program under the Missouri Clean Water Law (Section 644, RSMo).

WHEREAS under the terms of the Missouri Clean Water Law, Section 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 development 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 development of:

(brief project description)

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

he/she 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 law 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.)