



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
**STATE REVOLVING FUND COST AND
EFFECTIVENESS CERTIFICATION FORM**

FOR OFFICE USE ONLY
PROJECT ID NUMBER
DATE RECEIVED

PROJECT INFORMATION

NAME OF BORROWER	
PROJECT TITLE	PROJECT NUMBER

WATER RESOURCES REFORM AND DEVELOPMENT ACT

In accordance with Section 602(b)(13) of the federal Water Pollution Control Act, a recipient of Clean Water State Revolving Funds must certify that the recipient has studied and evaluated the cost and effectiveness of the proposed project.

ACKNOWLEDGMENT

I understand that the Missouri Department of Natural Resources will rely on this signed certification to approve the funding, and that false or inaccurate representations in this certification may result in the loss of funds awarded to the recipient for the project. Additionally, the Department of Natural Resources may withhold disbursement of project funds and/or pursue any other applicable remedy.

CERTIFICATION

The project representative must check both boxes below, and the form must be signed by both the local project representative and the professional engineer responsible for the project facility plan.

1. The municipality has studied and evaluated the cost and effectiveness of the processes, materials, techniques, and technologies for carrying out the proposed project or activity for which the assistance is sought under the Clean Water State Revolving Fund; and
2. The municipality has selected, to the maximum extent practicable, a project or activity that maximizes the potential for efficient water use, reuse, recapture, and conservation, and energy conservation, taking into account:
 - a. The cost of constructing the project or activity.
 - b. The cost of operating and maintaining the project or activity over the life of the project or activity.
 - c. The cost of replacing the project or activity.

We certify that the project has completed both requirements (1) and (2) as checked above.

NAME OF AUTHORIZED REPRESENTATIVE (PLEASE PRINT)	TITLE
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE
NAME OF PROFESSIONAL ENGINEER (PLEASE PRINT)	
SIGNATURE OF PROFESSIONAL ENGINEER	DATE

Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
FINANCIAL ASSISTANCE CENTER
P.O. BOX 176
JEFFERSON CITY, MO 65102-0176