



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM

APPLICATION FOR WATER QUALITY MANAGEMENT GRANTS

FOR OFFICE USE ONLY	
DATE RECEIVED	
ALL DOCUMENTATION RECEIVED	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

I. SPONSORING AGENCY INFORMATION

NAME OF SPONSORING ORGANIZATION		
SPONSORING ORGANIZATION MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		SPONSORING ORGANIZATION TYPE (CHECK ONE) <input type="checkbox"/> Nonprofit 501(c)(3) (provide copy of IRS letter) <input type="checkbox"/> Government: specify: _____
SPONSOR TAX ID NUMBER	UNIQUE IDENTIFIER	CONGRESSIONAL DISTRICT
PRIMARY SPONSOR CONTACT (NAME, TITLE, TELEPHONE NUMBER, FAX NUMBER, EMAIL ADDRESS)		PROJECT MANAGER CONTACT INFORMATION (IF DIFFERENT FROM PRIMARY CONTACT)

II. PROJECT INFORMATION SUMMARY

NAME OF FEASIBILITY PROJECT	
PROJECT START DATE (MM/DD/YYYY)	PROJECT END DATE (MM/DD/YYYY)

Project Budget Summary

	Section 604(b) Funds Requested	Non-Federal Match [Not Required]	Total
Salary	\$	\$	\$
Fringe	\$	\$	\$
Travel	\$	\$	\$
Equipment	\$	\$	\$
Supplies	\$	\$	\$
Contractual	\$	\$	\$
Other	\$	\$	\$
Indirect (if rate approved by a cognizant agency)	\$	\$	\$
Totals	\$	\$	\$

III. SIGNATURE

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

NAME AND TITLE OF AUTHORIZED ORGANIZATION REPRESENTATIVE	SIGNATURE	TELEPHONE NUMBER WITH AREA CODE
NAME AND TITLE OF APPLICANT	SIGNATURE	TELEPHONE NUMBER WITH AREA CODE

Submit applications online at <https://dnr.mo.gov/fundingoppportal.htm>.
For more information on Water Quality Management Grants, contact the department's Water Protection Program at 800-361-4827 or 573-751-1080. For issues regarding the online submission, contact the department's Water Protection Program at 800-361-4827 or 573-751-7626.

IV. DETAILED PROJECT INFORMATION

PROJECT GEOGRAPHIC COVERAGE (CHECK ONE AND ATTACH MAP OF PROJECT AREA)

- Counties Affected _____
- Facilities Included _____
- 8-Digit HUC Names _____
- Approximate Planning Area (Acres) _____
- Other Location Information (if applicable) _____

IS THIS EFFORT ASSOCIATED WITH A CURRENT SRF PROJECT OR 604B PROJECT?

- Yes No

IS THIS PROJECT ASSOCIATED WITH A CURRENT ENFORCEMENT CASE(S)?

- Yes No

POLLUTANTS TO BE ADDRESSED (CHECK ALL THAT APPLY)

- Excess Nitrogen Pesticides
- Excess Phosphorus pH
- Ammonia Temperature
- Sedimentation Other (specify) _____
- Bacteria
- Low Dissolved Oxygen _____

FEASIBILITY STUDY OPTIONS (SEE SECTION III.D. OF THE REQUEST FOR PROPOSALS AND CHECK ALL THAT APPLY)

- A feasibility study to evaluate the connection of smaller facilities to an existing centralized or decentralized wastewater treatment system.
- A feasibility study to evaluate the construction of a new centralized or decentralized wastewater treatment system that connects smaller facilities.
- A feasibility study to analyze sharing administration and operation responsibility for separate systems through organizing a district that manages wastewater operations for multiple small communities in its service area.

DOES THE FEASIBILITY AREA CONTAIN WATERS LISTED AS IMPAIRED ON MISSOURI'S 303(D) LIST? (NOT A REQUIREMENT)

- Yes No

WILL THIS PROJECT ADDRESS A TOTAL MAXIMUM DAILY LOAD? (NOT A REQUIREMENT)

- Yes No

V. PROJECT NARRATIVE

The narrative should be clear, concise, and address all the following elements within this section.

Project Background

BRIEFLY DESCRIBE THE PROJECT AREA (SUCH AS LAND USE, WATERSHED CHARACTERISTICS, DEMOGRAPHICS & POPULATION TRENDS, SOIL TYPE, GEOLOGY OF AREA, ETC).

DESCRIBE THE NEED FOR AND VALUE OF THE PROJECT.

HOW WILL THE PROJECT RESULTS BE UTILIZED OR IMPLEMENTED IN THE FUTURE? WHO IS THE TARGETED AUDIENCE FOR THIS FEASIBILITY STUDY?

Project Goals, Objectives and Tasks

OBJECTIVE(S): IDENTIFY THE SPECIFIC OBJECTIVE(S) OF THE PROPOSED PROJECT. OBJECTIVES SHOULD BE CLEARLY STATED AND MEASURABLE.

WHAT MAJOR ACTIVITIES WILL BE CONDUCTED TO DETERMINE FEASIBILITY? HOW AND BY WHOM WILL EACH ACTIVITY BE CARRIED OUT, ETC.?

Management and Coordination

BRIEFLY DESCRIBE WHO WILL MANAGE THE PROJECT AND THEIR DUTIES. PLEASE INCLUDE THE ACTIVITIES, RESPONSIBILITIES, AND THE QUALIFICATIONS OF EACH PARTY, INCLUDING GRANT MANAGEMENT EXPERIENCE.

IF APPLICABLE, DESCRIBE CONTRACTING AND SUBCONTRACTING PLANS AND PROCEDURES.

BRIEFLY DESCRIBE HOW PARTNERING AGENCIES OR ORGANIZATIONS WILL CONTRIBUTE TO THE PROJECT. (ATTACH LETTERS OF SUPPORT SPECIFIC TO PARTNER ROLES AND CONTRIBUTIONS). INCLUDE COMMUNITY LEADER INVOLVEMENT AND DESCRIBE HOW VARIOUS SECTORS OF THE COMMUNITY WILL BE INVOLVED IN THE PROJECT AND IN CARRYING OUT ACTIVITIES THAT WILL STEM FROM THE PROJECT'S COMPLETION.

BRIEFLY DESCRIBE THE TYPES OF RESOURCES THAT WILL BE USED TO COMPLETE THE PROJECT (E.G., TIME, STAFF, ENGINEERING CONTRACTOR, VOLUNTEERS, OTHER FUNDING, ETC).

Public Outreach and Participation

BRIEFLY DESCRIBE THE ACTIVITIES THAT WILL BE CONDUCTED TO PROMOTE THE PROJECT.

BRIEFLY DESCRIBE HOW THE PROJECT RESULTS WILL BE SHARED WITH THE PUBLIC DURING AND AFTER THE PROJECT AND HOW THE PROJECT WILL ENCOURAGE PUBLIC PARTICIPATION.

Compatibility with Department of Natural Resources' Programs and Needs

IDENTIFY THE SPECIFIC STATEWIDE AND REGIONAL PLANNING NEEDS THE PROJECT WILL ADDRESS.

Final Products and Measureable Environmental Results

BRIEFLY DESCRIBE THE EXPECTED OUTCOMES TO BE PRODUCED DURING THE PROJECT.

Describe evaluation methods that will be used to evaluate environmental results and determine success of the project?
(Check all that apply and provide additional information where requested)

Policy Implementation

DESCRIBE HOW INDIRECT OR OTHER MEASURES WILL BE DOCUMENTED (E.G., ORDINANCE AND POLICY DEVELOPMENT, SEWER DISTRICT BALLOT MEASURE, ETC.)

Plan Development or Adoption

DESCRIBE HOW INDIRECT OR OTHER MEASURES WILL BE DOCUMENTED (E.G., ENGINEERING STUDIES, GREEN INFRASTRUCTURE PLANS, IMPLEMENTATION LOAN APPLICATIONS, ETC.)

Knowledge or Behavior Change

DESCRIBE HOW INDIRECT OR OTHER MEASURES WILL BE DOCUMENTED (E.G., PRE- AND POST- SURVEYS, MEETING ATTENDANCE, ETC.)

Other Measures

DESCRIBE HOW INDIRECT OR OTHER MEASURES WILL BE DOCUMENTED (E.G., CHANGES THAT CAN BE DOCUMENTED THROUGH PHOTOGRAPHS, ETC.)

VI. GENERAL SCHEDULE AND MILESTONES

Estimate the expected completion date for each major milestone to be completed for each project year. Expand the rows as necessary to include additional information as needed or attach on separate sheet.

Key Milestone	Responsible Party(ies)	Targeted Completion Date
Year 1		
Year 2		