

Grant Narrative Report

Public Water System _____ PWSID _____

Address _____

City _____ State _____ Zip Code _____

Contact person _____

Phone _____ Email _____

Describe the issue: Why did you apply for funding? Was there a problem? Where/When did it take place?

Describe in detail the work that was performed.

Describe the results of this project: How did this work benefit your system? How was drinking water and public health protected?

Would this work have happened in the absence of the grant program? Yes No

Assistance received: How did Minnesota Department of Health (MDH) or Minnesota Rural Water Association (MRWA) help? (i.e. MDH/MRWA consulted, recommended, analyzed, educated, advised, provided, etc.)

How can the grant program be improved?

Pictures available? Yes No

Publication, software, videos available? Yes No

Disclaimer: I declare that the data on this document is correct.

Authorized Grantee Signature _____ Date _____

For Minnesota Department of Health Use Only

How much money was spent completing this work (total to include cost share)? \$ _____

Estimate the number of people served by the PWS _____