

# Source Water Protection Plan Implementation Grant Application

## Applicant Information

Public Water System Name \_\_\_\_\_ PWSID \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ ZIP \_\_\_\_\_

Name of the person who will serve as the Grant Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Federal Tax Id # \_\_\_\_\_

### Person Authorized to Sign Application and Grant Agreement on Behalf of the Public Water System

Name \_\_\_\_\_ Title \_\_\_\_\_

### Amounts

Total cost of the project \$ \_\_\_\_\_

Amount requested from MDH (minimum \$1,000, maximum \$10,000, or \$30,000 if 3 or more PWS's apply jointly)

\$ \_\_\_\_\_

Check this box if you are currently under a APO (administrative penalty order) in regards to the Wellhead protection rule.

## Work Item 1

For each work item to be funded under the grant, provide the following information (Use additional sheets if necessary).

Check this box if the work is a continuation from a previous MDH grant.

1. Describe the work that will be performed.

If the work item is about managing one or more potential contaminant sources, are they located in the DWSMA?

Yes No

1a. Amount requested for performing this work \$ \_\_\_\_\_

1b. Anticipated outcomes (products) of performing this work.

1c. Management Strategy/Measure number \_\_\_\_\_ (If numbered) Reference the Management Strategy/Measure number in the MDH source water protection approved plan (**Not the draft copy**) or intake protection plan that will be supported by this work item. **Attach the page(s)** that contain(s) the source water protection strategy /measure;

**OR**

**Attach the page(s)** in the most recent sanitary survey that contains the action that will be supported by this work item. (**Failure to submit the required documentation may result in disqualification**).

## Work Item 2

For each work item to be funded under the grant, provide the following information (Use additional sheets if necessary).

Check this box if the work is a continuation from a previous MDH grant.

2. Describe the work that will be performed.

If the work item is about managing one or more potential contaminant sources, are they located in the DWSMA?

Yes    No

2a. Amount requested for performing this work \$ \_\_\_\_\_

2b. Anticipated outcomes (products) of performing this work.

2c. Management Strategy/Measure number \_\_\_\_\_ (If numbered) Reference the Management Strategy/Measure number in the MDH source water protection approved plan (**Not the draft copy**) or intake protection plan that will be supported by this work item. **Attach the page(s)** that contain(s) the source water protection strategy /measure;

**OR**

**Attach the page(s)** in the most recent sanitary survey that contains the action that will be supported by this work item. **(Failure to submit the required documentation may result in disqualification).**

### Work Item 3

For each work item to be funded under the grant, provide the following information (Use additional sheets if necessary).

Check this box if the work is a continuation from a previous MDH grant.

3. Describe the work that will be performed.

If the work item is about managing one or more potential contaminant sources, are they located in the DWSMA?

Yes    No

3a. Amount requested for performing this work \$ \_\_\_\_\_

3b. Anticipated outcomes (products) of performing this work.

3c. Management Strategy/Measure number \_\_\_\_\_ (If numbered) Reference the Management Strategy/Measure number in the MDH source water protection approved plan **(Not the draft copy)** or intake protection plan that will be supported by this work item. **Attach the page(s)** that contain(s) the source water protection strategy /measure;

**OR**

**Attach the page(s)** in the most recent sanitary survey that contains the action that will be supported by this work item. **(Failure to submit the required documentation may result in disqualification).**

### Detailed Budget and Schedule

Describe all tasks that are included in the project with the corresponding costs and estimated date of completion (Use additional sheets if necessary).

Tasks	No of hours (where applicable)	Amount	Est. start date

SOURCE WATER PROTECTION PLAN IMPLEMENTATION GRANT APPLICATION

Tasks	No of hours (where applicable)	Amount	Est. start date

### Checklist

I have attached the required pages from the Wellhead Plan or sanitary survey to my application.

I have filled out all the fields in my application.

I have provided a detailed budget for each work item.

I have signed my application.

### Disclaimer and Signature

I certify that the information herein is true and accurate to the best of my knowledge and I submit this application on behalf of the applicant public water supply system. I acknowledge that the project will be completed by the grant expiration date and that all work performed will be done in accordance with all Local, State and Federal Regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** If you are awarded a grant, **no** work should begin until all required signatures have been obtained on the grant agreement, and grantee receives a signed copy of the grant agreement.

## Instructions

You may complete this form manually or electronically. Print the information if you opt to do this manually. Once you are finished, you have three options for submitting the application form to the Minnesota Department of Health:

**Option 1** - Mail the form to:

Minnesota Department of Health

SWP Grant Coordinator

P.O. Box 64975

St. Paul, Minnesota 55164-0975

**Option 2** - Fax the form to:

Minnesota Department of Health

SWP Grant Coordinator

(651) 201-4701

**Option 3** - E-mail the form to:

[health.swpgrants@state.mn.us](mailto:health.swpgrants@state.mn.us)

Subject Line to read: "Attention: SWP Grant Coordinator, [Your Public Water System Name]"

## Definitions of the Terms Used in this Form

**Public Water System (PWS) name** means the name that is used by the Minnesota Department of Health to identify the public water system and that is associated with a public water supply system identification number.

**PWSID #** means the public water system identification number that is assigned by the MDH and is listed on all correspondence between a public water system and MDH.

**Mailing address** means the mailing address of the public water system that shall be used for correspondence with MDH.

**Name of the grant contact** means the name of the individual who will be responsible for managing the grant.

**Telephone number** means the telephone number of the contact person that the Minnesota Department of Health can call during its regular business hours (M-F from 8:30 a.m. to 4:30 p.m.).

**E-mail** means an internet address for the contact person that the Minnesota Department of Health can use to electronically transmit information related to the grant.

**Federal Tax ID#** means a nine digit number, also known as the Employer Identification Number (EIN).

**Name and title of the person authorized to sign the Grant Agreement on behalf of the Public Water System** means a person who has authority to administer a financial agreement between the public water system and the Minnesota Department of Health.

**Total Grant amount being requested** means the sum of the costs of the work items that are identified in the grant application (1a + 2a + 3a +....).

**Work item** is the source water protection activity measure from the WHP plan that are to be performed under this part of the grant application. Fill one box for each activity included in the project; feel free to insert more boxes if needed.

**Amount requested for performing this work** means the estimated amount requested by the grantee for completing the activity performed under this part of the application.

**Product(s) produced or anticipated outcomes of performing this work** means the tangible results of performing the work that is funded by this grant.

**DWSMA** means Drinking Water Supply Management Area; is the Minnesota Department of Health (MDH) approved surface and subsurface area surrounding a public water system well that completely contains the scientifically calculated wellhead protection area.

**Correspondence from MDH or Section of the sanitary survey or page number(s)** means in the source water protection plan that reference the source water protection measures that will be supported by this work item – self-explanatory.

**Detailed Budget** means a breakdown of costs with a detailed description of all costs. The total must match the dollar amount that is being requested. The number of hour's column must be filled out only for activities that involve hiring of a consultant.

**Estimated start date** means the date when you expect to start the work.

Minnesota Department of Health  
Drinking Water Protection Section  
651-201-4700

[health.swpgrants@state.mn.us](mailto:health.swpgrants@state.mn.us)

[www.health.state.mn.us](http://www.health.state.mn.us)

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To obtain this information in a different format, call: 651-201-4700.