

# Source Water Protection Transient 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):

1. Describe the work that will be performed; scoring your application is contingent upon the amount of detail that you provide.

SOURCE WATER PROTECTION TRANSIENT GRANT APPLICATION

1a. Who is the MDH or local program staff person with whom you consulted before submitting this application?

\_\_\_\_\_

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

1c. Cost Share amount information (List all contributors and corresponding dollar amounts; in-kind contribution is not accepted) (Check one).

I have a state grant (Describe) \_\_\_\_\_

I have a federal grant. (Describe) \_\_\_\_\_

I will use my own financial resources

Other (Describe) \_\_\_\_\_

1d. Supporting documentation – **Must check at least one and must attach copies.** Without supporting documentation the application will be disqualified.

Sanitary survey

Project evaluation form

NOV with project evaluation form

APO with compliance agreement and project evaluation form

**Note:** The Project evaluation form must be completed by the MDH staff or local program assigned to the district where the PWS is located.

## Detailed Budget and Schedule

### Detailed Budget

Please fill out only the fields that apply to your project.

Tasks	Amount (Requested from MDH)	Cost share
Well construction		
Well sealing (Provide unique well number if known) # _____		

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Tasks	Amount (Requested from MDH)	Cost share
Replace septic system		
Treatment equipment		
Connection to City Water or Rural Water		
Other (Describe below)		

Other (Describe) \_\_\_\_\_

### Project Schedule

Fill in data for each line.

Tasks	Proposed project schedule (mm/yyyy)
Submit plans to MDH for plan review	
Sign equipment purchase/contract agreement with contractor/vendor	
Complete the project	
Notify MDH of completed project	

### Checklist

- I have attached the required documents under 1d.
- I have filled out all the fields in my application.
- I have provided a detailed budget including my cost share amount.
- 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 that there are the financial resources needed to provide the cash match for all of the activities that are discussed in the grant application 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 cost of the project** means the sum of the grant amount requested and the cost share.

**Amount Requested** means the amount you request from MDH.

**Cost Share Amount** means the estimated cash contribution that a recipient makes to the award.

**Work Item** is the source water protection activity or activities that are to be performed under this part of the grant application.

**Project evaluation form** means the internal MDH form that is filled out by MDH staff (engineer, planner, or hydrologist) and serves as supporting documentation with the grant application.

**MDH staff who may provide the PWS with the Project evaluation form** means before submitting the application, applicants must consult with MDH staff assigned to their district.

- [Source Water Protection Unit \(PDF\)](https://www.health.state.mn.us/communities/environment/water/docs/swpstaffmap.pdf)  
(<https://www.health.state.mn.us/communities/environment/water/docs/swpstaffmap.pdf>)

**Correspondence from MDH** means the sanitary survey, or corrective action letter, or recommendation from the MDH staff that supports the work to be performed.

**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 and the total cost share amount.

**Proposed Project Schedule** means the estimated date when you expect to start a specific activity.

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.