



STATE OF IDAHO DEPARTMENT OF ENVIRONMENTAL QUALITY

IDAHO MUNICIPAL DRINKING WATER GRANT APPLICATION (IDAPA 58.01.22)

Section I: General Information

1. Name of Applicant:			
2. Mailing Address			County
City	State	Zip Code	Telephone Number
3. Contact Person		Title	
4. Title and description of Project			
5. Portion eligible for separate state assistance			
6. Area of project impact			
7. Population of area to be studied			
8. Proposed funding (non-EPA eligible portion only):			
State			
Applicant			
Other			
9. Estimated project start date (day/month/year)		10. Project duration (months)	
11. Estimated date report to be submitted to DEQ (day/month/year)			
12. Name and title of authorized representative			
Signature		Date	

2. Other Shares
Identify any shares to be provided by other funding sources.

Section III: Assurances

The applicant hereby assures and certifies compliance with the applicable regulations, policies, guidelines, and requirements as they relate to this application, and to acceptance and use of State funds for this project.
The applicant possesses legal authority to apply for the grant and the ability to provide the local matching share for the grant. A resolution, motion, or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
The applicant will have sufficient funds available to meet the local share of the cost for this project.
The applicant will give the grantor or its authorized representative access to and the right to examine all records, books, papers, or documents related to the grant.
Signature of Authorized Representative
Date



**STATE OF IDAHO
DEPARTMENT OF ENVIRONMENTAL QUALITY**

**IDAHO DRINKING WATER PLANNING GRANT
APPLICATION CHECKLIST**

PART I: Project Identification

Name of Project:
Description of Project:

PART II: Application Requirements

Submit the following to the DEQ State Office:		
√	Form	
<input type="checkbox"/>	A.	State grant application (IDAPA 58.01.22.032.01)
<input type="checkbox"/>	B.	Authorizing resolution (IDAPA 58.01.22.032.02.a)
<input type="checkbox"/>	C.	Engineering contract (IDAPA 58.01.22.032.02.b)
<input type="checkbox"/>	D.	Certificate of negotiation (IDAPA 58.01.22.032.02.f)
<input type="checkbox"/>	E.	Proof of professional liability insurance (IDAPA 58.01.22.032.02.d.iv).
<input type="checkbox"/>	F.	Certification of financial and management capability (IDAPA 58.01.22.032.02.g)
<input type="checkbox"/>	G.	Checklist for incorporated nonprofit applicants (IDAPA 58.01.22.032.02.h.)
<input type="checkbox"/>	H.	Plan of study (IDAPA 58.01.22.032.02.c.)
<input type="checkbox"/>		Adequate justification for selection of engineer as provided in IDAPA 58.01.22.032.02.d.