



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MISSISSIPPI STATE DEPARTMENT OF HEALTH (MSDH)
Drinking Water Systems Revolving Loan Fund Program (DWSRLFP)

WATER INFRASTRUCTURE IMPROVEMENTS FOR THE NATION ACT -
SMALL AND DISADVANTAGED COMMUNITIES DRINKING WATER GRANT

RETURN APPLICATION TO:

Mississippi State Department of Health
Drinking Water Systems Revolving Loan Fund Program
WIIN Grant Coordinator
570 East Woodrow Wilson Ave., U-222
Jackson, MS 39216

Note: Submit two complete and
signed hard copy applications and
two copies of all required
attachments to the address shown at
the left before the application
deadline

WIIN GRANT APPLICATION

Applicants are advised to schedule a Preliminary Engineering Conference with the appropriate DWSRLFP Project Manager.

INFORMATIONAL

To assist small and disadvantaged communities in the State of Mississippi with improving their drinking water resources, the MSDH is hereby receiving grant applications for the Water Infrastructure Improvements for the Nation Act (WIIN): Assistance for Small and Disadvantaged Communities Drinking Water Grant.

Mississippi's allotment for the grant is \$542,000. The EPA has waived the required (45%) cost share for this FFY. These funds are normally met with reserve funds provided by the grant recipient, service provider discounts, or funds from USDA, RD, FEMA. The State will use the total amount of the award, \$542,000, to aid underserved communities that have no household drinking water services or are served by a public water system that violates or exceeds any maximum containment level, treatment technique, or action level. Small communities are defined as those that serve a population of less than 10,000 and disadvantaged communities are defined as those that serve a community with a median household income of less than \$45,081.

The WIIN grant supports:

- The Environmental Protections Agency's Strategic Plan Goal #1: Deliver a cleaner, safer, and healthier environment for all Americans and future generations by carrying out the agency's core mission; and
MSDH's Mission: To protect and advance the health, well-being, and safety of everyone in Mississippi.

SECTION A - REQUIREMENTS

PRE-REQUIREMENTS FOR FUNDING

If you answer YES to either of these questions, STOP, as you are not eligible to apply for funds.

- 1. Have you been debarred or suspended from applying for state or federal funds? Yes No
2. Is your waterworks state, federally, or tribally owned? Yes No

REQUIREMENTS FOR APPLICANTS

- 1. Are you a community waterworks? (Or will become one?) Yes No
2. Have you had a Preliminary Engineering Conference (PEC) with a DWSRLFP's Project Manager? Yes No
3. Source -
Do you have an adequate drinking water source or source agreement contract? Yes No
If yes, provide documentation from DWSRLFP's Project Manager that the source or contract is adequate.

Not Applicable project is for new well, or I am filing for a consecutive waterworks.

SECTION D – PROPOSED PROJECT DESCRIPTION – Provide Documentation

Please provide a summary and a detailed project description including a map/sketch depicting the project area and proposed facilities including length of waterlines, storage tank(s) sizes, etc. (Sketches on 8 ½ by 11 portions of topo sheets are adequate.)

I. Brief Summary – 3 sentences or less for each A, B, and C.

A. Briefly describe the public health issue, concern, or problem that this project intends to correct or address.

B. Briefly describe the proposed project scope of work.

C. Briefly quantify the expected benefits or problems corrected with the successful completion of the project.

D. Briefly describe how the 45 percent cost share will be obtained and used. (Not applicable for FFY 2021 Allotment)

II. Demographics

A. Describe income levels in the proposed project area. Include the median household income of the area being served.

B. Describe the community that benefits from the proposed project. Include the population size.

APPLICATION CERTIFICATION

Submittal of this application is only a starting point for discussion and is not a binding agreement on either party.

Incomplete information may result in the delay or rejection of the application request.

The undersigned representative of the applicant certifies that the information contained herein, and the attached statements and exhibits are true, correct, and complete to the best of their knowledge and belief. The undersigned agrees to clarify or supplement information pertaining to this application upon request. The undersigned recognizes that the information contained herein may be subject to state Freedom of Information Act requirements. **The undersigned acknowledges that a part of any interest required on a closed loan can be used by MSDH to support the drinking water program.**

Owner or Chief Administrative Officer of Waterworks:

NAME & TITLE: _____

ORGANIZATION: _____

SIGNATURE : _____ DATE: _____