

A RESOLUTION OF THE CITY OF WEST PLAINS, MISSOURI AUTHORIZING THE FILING OF AN APPLICATION WITH THE MISSOURI DEPARTMENT OF NATURAL RESOURCES, STATE REVOLVING FUND PROGRAM FOR LOANS UNDER THE MISSOURI CLEAN WATER LAW (CHAPTER 640, RSMO.)

WHEREAS pursuant to the terms of the Missouri Clean Water Law, Chapter 640, Revised Statutes of Missouri, the State of Missouri has authorized the making of loans and/or grants to authorized applicants to aid in the construction of specific public projects.

BE IT RESOLVED BY THE COUNCIL OF THE CITY OF WEST PLAINS, MISSOURI AS FOLLOWS:

Section 1: City Administrator Sam Anselm is hereby authorized to execute and file an application on behalf of the City of West Plains with the State of Missouri for grant funding to aid in the completion of: a lead service line inventory:

Lead Service Line Inventory Grant: This project involves hiring a consultant to assist in the completion of the lead service line inventory that is due by October 2024.

Section 2: City Administrator Sam Anselm is hereby authorized and directed to furnish such information as the Missouri Department of Natural Resources may reasonably request in connection with the application which is herein authorized, to sign all necessary documents on behalf of the applicant, to furnish such assurances to the Missouri Department of Natural Resources as may be required by law or regulation, and to receive payment on behalf of the applicant.

Section 3: This Resolution shall be in full force and effect from and after the date of its passage and approval.

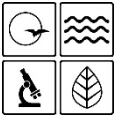
PASSED AND APPROVED THIS 22nd DAY OF May, 2023.

CITY OF WEST PLAINS, MISSOURI

BY: _____
MAYOR MICHAEL TOPLIFF

ATTEST:

CITY CLERK ALLISON SKINNER



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 FINANCIAL ASSISTANCE CENTER
LEAD SERVICE LINE FUNDING APPLICATION

1. APPLICANT INFORMATION

PUBLIC WATER SYSTEM NAME		PUBLIC WATER SYSTEM ID NO.	POPULATION	UEI NO. (Required)
PUBLIC WATER SYSTEM CONTACT FOR THIS DRINKING WATER PROJECT			TITLE	
MAILING ADDRESS				
CITY	STATE	ZIP CODE	COUNTY	
TELEPHONE NUMBER WITH AREA CODE		EMAIL ADDRESS		

APPLICATION PROJECT TYPE (check all that apply):
 Lead Service Line Inventory
 Lead Service Line Planning & Design
 Lead Service Line Replacement

OPTIONAL QUESTIONS REGARDING MILITARY SERVICE (§42.390 RSMo. 2021)

a) Have you or an immediate family member ever served in the U.S. Armed Forces? Yes No

b) If yes, would you like information about military-related services in Missouri? Yes No

2. GENERAL INFORMATION

Population Served:	Number of Service Connections:
Current Monthly User Charge for 5,000 gallons: \$	Median Household Income of Service Area \$
Unemployment Rate (Percentage)	Percentage of Households Below Poverty Level

3. ESTIMATED PROJECT COST INFORMATION

Please include an estimated Project Cost for each project type applying for:

I. Lead Service Line Inventory	\$
II. Lead Service Line Replacement Plan	\$
III. Lead Service Line Replacements	\$
Total Project Cost	\$

4. PROJECT SCHEDULE (if applicable)

MILESTONE	ANTICIPATED DATE
A. Lead Service Line Inventory Completion Date	
B. Lead Service Line Replacement Plan Completion Date	
C. Lead Service Line Replacement Construction Start Date	
D. Lead Service Line Replacement Construction End Date	

5. PROJECT DESCRIPTION

CERTIFICATION

All applications must be accompanied by a certificate documenting the authorization of the authorized representative (sample authorization attached). The authorized representative certifies that the information submitted in this application is true and correct to the best of his/her knowledge and that he/she is authorized to sign and submit this application. The applicant agrees, if a loan is awarded on the basis of this application, to comply with all applicable rules and regulations of the Department of Natural Resources and the terms and conditions of the loan agreement. **Incomplete applications will be returned.**

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

TELEPHONE NUMBER WITH AREA CODE

PREPARER'S NAME AND SIGNATURE (IF APPLICABLE)

SIGNATURE OF PREPARER

DATE

NAME AND TITLE (PRINT OR TYPE)

TELEPHONE NUMBER WITH AREA CODE

MAIL OR EMAIL (PREFERRED) APPLICATION TO:

Missouri Department of Natural Resources
Financial Assistance Center
P.O. Box 176
Jefferson City, MO 65102-0176
800-361-4827 or 573-751-1192
fac@dnr.mo.gov

RESOLUTION OF GOVERNING BODY OF APPLICANT
RESOLUTION NO. _____

Resolution authorizing the filing of an application with the Missouri Department of Natural Resources, State Revolving Fund Program for loans under the Missouri Clean Water Law (Chapter 640, RSMo.).

WHEREAS pursuant to the terms of the Missouri Clean Water Law, Chapter 640, Revised Statutes of Missouri, the State of Missouri has authorized the making of loans and/or grants to authorized applicants to aid in the construction of specific public projects.

NOW, THEREFORE, be it resolved by _____
(governing body of applicant)

1. That _____ be and he/she is hereby authorized to execute and
(designated official)
file an application on behalf of _____
(legal name of applicant)
with the State of Missouri for a loan and/or grant to aid in the construction of:

(brief project description)

2. That _____, _____
(name of authorized official) *(title)*

is hereby authorized and directed to furnish such information as the Missouri Department of Natural Resources may reasonably request in connection with the application which is herein authorized, to sign all necessary documents on behalf of the applicant, to furnish such assurances to the Missouri Department of Natural Resources as may be required by law or regulation, and to receive payment on behalf of the applicant.

CERTIFICATE OF RECORDING OFFICER

The undersigned, duly qualified and acting _____ of the
(title of officer)
_____, does hereby certify: That the attached resolution is a
(legal name of applicant)

true and correct copy of the resolution adopted at a legally convened meeting of the

_____ held on the _____ day of
(name of the governing body of applicant)

_____, _____; and further that such resolution has been fully recorded in the journal of proceedings and records in my office. IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, _____.

(signature of recording officer)

(title of recording officer)

SEAL (If applicant has an official seal, impress here.)

Lead Serve Line Funding Application Instructions for Form

1. **Applicant Information:** Print or type the applicant information. Include a street address if available. The applicant is the entity that will receive the funds, if awarded. The contact noted on the application should be knowledgeable about the application and able to be contacted during business hours.

Prior to receiving funding assistance, the entity must have a SAM.gov Unique Entity Identifier (UEI) and the UEI must be included on the application. Applicants may obtain a UEI at no cost from the System for Award Management (SAM) website: <https://www.sam.gov/SAM/>. Should you need assistance with this process, call the toll-free help desk at 1-866-606-8220 or learn more at https://www.fsd.gov/gsafsd_sp. Applicants who have a prior enrollment with SAM.gov should only have to log into their account to obtain their UEI. Applicants must attach a screenshot/printout of the SAM.gov website showing the applicant's UEI to this Drinking Water State Revolving Fund (DWSRF) application

The authorized representative is the person designated by the application to sign official documents and to speak on behalf of the applicant on project related matters.

Fill in a telephone number that will be answered during work day hours.

2. **General Information:** Provide the population of the entire service area to be funded with this project along with the number of service connections.

Provide the current monthly user rate for a 5,000 gallon user.

Provide the Median Household Income, Unemployment Rate, and Percentage of Households Below Poverty Level based on the most recent 5-year American Community Survey.

3. **Estimated Project Cost Information:** Provide the estimated Project costs for each type of project activity for which is being applied.
4. **Project Schedule:** Please provide an estimated project schedule. Reminder, all Lead Service Line Inventories must be submitted to the Department by October 16, 2024.

Incomplete Applications Will Be Returned

- Sign the application; attach any additional information that will enable the department to prioritize your project needs.
- Make a copy of the completed application for your records.
- Mail the completed applications to the address below or email an electronic application to fac@dnr.mo.gov.

Missouri Department of Natural Resources
Financial Assistance Center
P.O. Box 176
Jefferson City, MO 65102-0176

For More Information:

Missouri Department of Natural Resources
Financial Assistance Center
P.O. Box 176
Jefferson City, MO 65102-0176
fac@dnr.mo.gov
800-361-4827 or 573-751-1192
FAX: 573-751-9396
www.dnr.mo.gov/env/wpp/srf/index.html