**Application Instructions:**

* Be sure to READ all notes and instructions on this application form.
* Complete and submit this form electronically. Hand written copies will NOT be accepted.
* Complete all areas of the form. Incomplete applications will NOT be accepted.
* Attachments are allowable, but only as noted in this application. Attachments may be in any format, but may NOT exceed the 8MB file size limit.
* This application, and all material related to the project, are subject to applicable Open Record Laws.

**Notes:**

* The federal Office of Surface Mining Reclamation and Enforcement (OSMRE) is our federal oversight agency
* A connection to historic mining (mining having concluded prior to May 18, 1982), is required for eligibility.
* KYDAML management will determine how much funding is available each year to spend on the AML Water Supply Restoration Program.
* Water supply replacement funding can include paying for waterline designs and/or construction.
* Construction-related expenditures include the installation of physical components and construction inspection. Physical components can include supply lines and all appurtenances such as tanks, pump stations, meters, SCADA (supervisory control and data acquisition), water treatment plants, etc.
* KYDAML can also fund percentages of projects for items such as intake systems, water plant equipment, etc. Expenditures for system-wide improvements such as these are typically based on the amount of AML customers (residents previously and currently served by AML water restoration funding).

**Checklist for Completed Application**

* [ ] All areas are completed. Not applicable sections are completed with “N/A”.
* [ ] Applications must be submitted in PDF format, via email, to Deanne Hagedorn Deanne.Hagedorn@ky.gov
* [ ] Applications must be accompanied by at least one geographic map of the site location. This map must be in an image file format (JPG, GIF, TIF, or PNG). The map must clearly mark the site location and include any other necessary descriptive information.
* [ ] Applications must be accompanied by letter of intention signed by the District Chairman.

**Section 1: Applicant Information:**

|  |  |
| --- | --- |
| Applicant Name |       |
| Government Agency |       |
| Mailing Address |       |
| Telephone |       |
| Email Address |       |

**Section 2: Proposed Area of Study:** Provide a narrative description. Affix location maps of 1:2,000 scale and 1:24,000 scale*.*

|  |
| --- |
|       |

Estimate Number of Households in Proposed Project:

**Section 3: Proposed Source of Water** (If the area is eligible for funding)

|  |  |
| --- | --- |
| Water District Proposed as Water Source  |       |
| Contact Person |       |
| Telephone |       |
| Email Address |       |

Current Plant Capacity:       gal/day @       hrs/day

Current Plant Usage:       gal/day @       hrs/day

Does the Water District agree to supply water for the study area: [ ] Yes [ ] No

(Attach letter of intention signed by the District Chairman)

**Section 4: Study Contact Person***.* If different from the applicant.

|  |  |
| --- | --- |
| Contact Person |       |
| Telephone |       |
| Email Address |       |
| Accountant/Book Keeper |       |

**Section 5: Project Manager / Grant Administrator:** If funded, Project Managers and Grant Administrators are responsible for the reporting requirements and the management of projects and funds. *If same as above applicant, enter “Applicant”.*

|  |  |
| --- | --- |
| Agency |       |
| Contact Person |       |
| Telephone |       |
| Email Address |       |
| Mailing Address |       |

**Section 6: Multiphase Projects:** Are there other phases, known or planned, scheduled to be part of this project? If so, explain those phases, separately from the requested WSRP project proposal.

|  |
| --- |
|       |

**Section 7: Other Funds:** Complete this section to identify all secured or anticipated funding sources for the projects. In the Status of Funding column, note if the funds are Approved, Pending or Under Negotiation.

|  |  |  |
| --- | --- | --- |
|  | **Entity/Other funding** |  |
| **#** | **Entity** | **Expected Items/Work** | **Projected Contribution $** | **Status of Funding**  |
| **1** |       |       |       | Choose an item. |
| **2** |       |       |       | Choose an item. |
| **3** |       |       |       | Choose an item. |
| **4** |       |       |       | Choose an item. |
| **5** |       |       |       | Choose an item. |
| **6** |       |       |       | Choose an item. |
| **7** |       |       |       | Choose an item. |
| **8** |       |       |       | Choose an item. |
| **9** |       |       |       | Choose an item. |
| **10** |       |       |       | Choose an item. |
|  | ***Total Other Funds Projected ->*** |  ***$ 0.00*** |

**Section 8:** If other funding sources (besides WSRP) are included in the proposal, and those funds are ultimately not secured, will the project still be able to go forward?

|  |
| --- |
|       |

**Section 9: Memorandum of Agreement (MOA) Signatory**

|  |  |
| --- | --- |
| Agency/Applicant Representative |       |
| Title |       |
| Telephone |       |
| Email Address |       |
| UEI # |       |

**Section 10: Applicant’s Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date