



Illinois Environmental Protection Agency

Bureau of Water 1021 North Grand Avenue East P.O. Box 19276 Springfield Illinois 62794-9276

Division of Public Water Supplies

FY 2011 Small Systems Compliance Grant (SSCG) Application

Definition of Terms:

- A **small system** is defined as a community water supply that serves 100 service connections or less, *or* has less than 400 people.
- A facility is considered in **compliance** when it acts in accordance with the stated regulations and guidelines established by the Illinois Environmental Protection Agency (Illinois EPA).

Small Systems Compliance Grant Overview:

- **Who is Eligible?** A community water supply that can be defined as a “small system” *and* has: (1) an unresolved Violation Notice; *or* (2) Compliance Commitment Agreement for noncompliance with Illinois EPA standards; *or* (3) is on the Illinois EPA’s Division of Public Water Supplies Restricted Status list.
- **Who has priority?** All applications will be reviewed. Priority will be given to SSCG applicants based upon the population served by the system, income of the area, and the severity of the violation.
- **Application Deadline:** Applications must be received no later than April 29, 2011.
- **Project Completion:** Projects must be completed and invoices submitted within 180 days from the execution of the grant agreement.
- **Description of Funds Available:** The amount of funds available for any one compliance project may range from \$10,000 to \$200,000, and will cover 100 percent of the eligible compliance project cost. The Illinois EPA will disburse funds to the applicant upon execution of the grant agreement, based on the applicant’s detailed budget, to ensure that all work can be completed in a timely fashion.
- **Eligible Costs Covered:** The SSCG funds will cover eligible costs, including equipment, construction, and design and construction engineering necessary to resolve the compliance issues as specified in the Violation Notice.
- **Responsibilities of Grant Recipient:** The grant recipient will complete a Project Certification detailing how SSCG funds were expended to resolve the Violation Notice or Restricted Status compliance issue. The grant recipient, contractor, subcontractor, and engineer must follow all terms and conditions of the grant agreement as well as applicable federal, state and local laws and regulations.



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PLEASE ATTACH ADDITIONAL INFORMATION TO APPLICATION, IF NEEDED.

Part One – Facility Information and Owner Agreement:

Facility Name: _____ Facility ID Number: IL _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____

Reason for Violation Notice or Restricted Status: _____

Number of Individuals Served by the Facility: _____ Number of Connections: _____

Title of Project: _____

Compliance Project Certified Operator:

Name: _____ Classification: _____ Telephone: _____

Compliance Project Engineer:

Name: _____ Firm: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Compliance Project Owner/ Authorized Representative:

Legal Name _____ Title: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

(Owner/ Authorized Representative’s Signature)

(Date)

The owner hereby certifies that the project named and described will be constructed in accordance with plans and specifications approved by the Illinois EPA, and that funds received will be used in accordance with all terms and conditions of the grant agreement as well as applicable federal, state and local laws and regulations.

Mail completed applications and supporting documentation to:

**Illinois Environmental Protection Agency
Bureau of Water, Division of Public Water Supplies
1021 North Grand Avenue East
P.O. Box 19276
Springfield, Illinois 62794-9276**



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Part Two – Compliance Project Work Plan:

*In this section of the grant application, you are telling the Illinois EPA what you intend to do with grant funding— please be thorough. Applicants should be sure to include ANY pertinent information that will help Illinois EPA grant reviewers to better understand what you are proposing to accomplish if SSCG Funds are awarded to your facility. **PLEASE ATTACH ADDITIONAL INFORMATION TO APPLICATION, IF NEEDED.***

Provide a detailed description of the proposed project: (Include all specific actions that will be conducted to ensure that it is successfully implemented. At a minimum, be sure to include the “who, what, where, when, and how” the project will be completed.)

Address how the proposed project will correct the current violation:

Address how future compliance will be maintained:

(Attach a map and/or picture(s) of the planned project site.)



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Part Three – Project Grant Budget:

The Illinois EPA will disburse funds to the applicant upon execution of the grant agreement (preceding construction), based on the applicant’s detailed budget, to ensure that all work can be completed in a timely fashion. Projects must be completed and invoices submitted within 180 days from the execution of the grant agreement. The SSCG will cover eligible costs, including equipment, construction, and design and construction engineering necessary to resolve the compliance issues as specified in the Violation Notice or as noted on the Restricted Status list. **PLEASE ATTACH ADDITIONAL INFORMATION TO APPLICATION, IF NEEDED.**

ESTIMATE OF COSTS:	COST (Amount of grant funds requested)	BUDGET Justification & Description
Design		
Construction Engineering (If applicable)		
Construction (Includes equipment)		
Total/ Grant Amount		

Part Four – Project Completion Schedule:

	START DATE (MONTH/YEAR)	COMPLETION DATE (MONTH/YEAR)
Design		
Construction		

(Owner/ Authorized Representative’s Signature)

(Date)



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Part Five –Taxpayer Identification Number

I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or Employer Identification Number (EIN).
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the d/b/a on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: _____ **Business Name:** _____

Taxpayer Identification Number:

Social Security Number: _____

or

Employer Identification Number: _____

Legal Status (*check one*):

- | | | |
|--|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Governmental | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Nonresident alien | <input type="checkbox"/> Partnership | <input type="checkbox"/> Estate or trust |
| <input type="checkbox"/> Legal Services Corporation | <input type="checkbox"/> Pharmacy (Non-Corp.) | <input type="checkbox"/> Tax-exempt |
| <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.) | <input type="checkbox"/> Corporation providing or billing | |
| <input type="checkbox"/> Limited Liability Company
(select applicable tax classification) | <input type="checkbox"/> Corporation NOT providing or billing
medical and/or health care services | |
| <input type="checkbox"/> D = disregarded entity | | |
| <input type="checkbox"/> C = corporation | | |
| <input type="checkbox"/> P = partnership | | |

(Owner/ Authorized Representative's Signature)

(Date)



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Part Six – Request for Payment:

Facility : _____ **Date:** _____

Grant Number (To be completed by IEPA): _____

Amount of Payment Requested based on budget justification: \$ _____

I hereby certify that this request for payment is for the purposes of correcting unresolved violations to bring the system into compliance or will allow the facility to be removed from the Illinois EPA's Restricted Status List, and that I am authorized to request payment on behalf of the facility.

(Owner/ Authorized Representative's Signature)

(Print Name and Title)