

Environmental Improvement Fund (EIF)
Online Submittal Authorization Certificate
Form 8700-377 (R 6/25)

If a municipality wants a consultant to submit materials on its behalf, the municipality must complete, sign, and send the Online Submittal Authorization Certificate to the DNR. An authorized municipal representative (*e.g., clerk, administrator, director of public works, mayor, president, or other position delegated such authority*) must sign the certificate. The completed certificate must be received by the DNR **before** the consultant will be granted access to submit materials on behalf of the municipality. Email the signed, completed certificate (in PDF format) to the EIF Database Manager at Jennifer.Kilps@Wisconsin.gov.

The designated consultant's authorization will stay in effect until the municipality cancels it.

Notice: A municipality may choose to allow a consultant to submit materials through the online system on behalf of the municipality by completing this form and selecting whether the consultant shall have access to "Read Only", "Enter Only", or "Enter and Submit" required materials through the online system. The designated consultant's authorization remains in effect until the municipality notifies the DNR that the consultant is no longer allowed to submit information on behalf of the municipality. DNR will not grant authorization to a consultant to the online system until this form is completed and signed by an authorized municipal representative and received by the DNR. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law (ss. 19.31-19.39, Wis. Stats.).

Select one or both programs. Select one action for each selected program.

☐ **Clean Water Fund Program (CWFP)**

☐ Read Only

☐ Enter Only

☐ Enter & Submit

☐ **Safe Drinking Water Loan Program (SDWLP)**

☐ Read Only

☐ Enter Only

☐ Enter & Submit

Applicant Information

Name of Municipality

Name of Main Municipal Contact

Title of Main Municipal Contact

Street Address, City, State, Zip Code

Phone Number (*include area code*)

Email Address

Consultant Information

Name of Engineering Firm

Name of Engineering Firm Consultant

Title of Engineering Firm Consultant

Street Address, City, State, Zip Code

Phone Number (*include area code*)

Email Address

Municipal Certification

I am the authorized representative of the above-named municipality. I hereby certify on its behalf the above-named consultant is authorized to perform the above-selected action(s) through the online system, and they are further authorized and empowered to take related, necessary actions **until said municipality revokes their authorization.**

Signature of Municipality's Authorized Representative

Date Signed

Name of Authorized Representative (*print or type*)

Title of Authorized Representative (*print or type*)