

**Notice:** This application is for the Underserved Drinking Water System Grant Program established by the Water Infrastructure Improvements for the Nation (WIIN) Act of 2016. Refer to the Grant Announcement for important information about this application and program requirements. The Department of Natural Resources (DNR) will only review complete application forms. Personally identifiable information collected on this form will be used for program administration and may be made available to requesters under Wisconsin's Public Records laws (ss. 19.31-19.39, Wis. Stats.) and requirements.

### Section 1. Water System Information

1. Public Water System Name: \_\_\_\_\_
2. Public Water System ID #: \_\_\_\_\_
3. Project Name: \_\_\_\_\_
4. Unique Entity ID (UEI): \_\_\_\_\_
5. Well(s) Involved in Project (include additional sheets if needed):  
Wisconsin Unique Well Number (WUWN): \_\_\_\_\_ WUWN Address: \_\_\_\_\_  
Wisconsin Unique Well Number (WUWN): \_\_\_\_\_ WUWN Address: \_\_\_\_\_
6. Authorized Representative Contact Information (e.g., owner):  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Is this the primary contact who will handle questions related to the application/grant?  Yes  No
7. Alternate Point of Contact for Grant:  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Is this the primary contact who will handle questions related to the application/grant?  Yes  No
8. Type of Water System (select one):  
 Other-Than-Municipal (OTM)  
Number of People Served: \_\_\_\_\_  
 Nonprofit Non-transient Non-community (NN)  
Number of People Served: \_\_\_\_\_



#### Section 4. Proposed Action(s) Justification

1. Indicate what your proposed action is (e.g. new well construction, connection to municipal water, treatment installation): \_\_\_\_\_
2. Provide a detailed justification for choosing your proposed action (include additional sheets if needed):

3. Explain why other actions were not selected (include information about existing well condition, age, etc.). For treatment proposed actions, indicate why drilling a new well, reconstructing the existing well and connecting to an existing water system (e.g. city water) are not feasible. Include additional sheets if needed.

Note: You should have been required by the DNR to complete either the [Corrective Action Evaluation](#) to address your TT or MCL violation or the [Corrosion Control Treatment Recommendation Worksheet](#) to address your ALE. Please include this with your application materials.

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### Section 5. Required Attachments

Attach the following items to this application:

- Itemized cost estimate/budget for the total amount of funding you are requesting.
- Corrective Action Evaluation or Corrosion Control Treatment Recommendation Worksheet
- Project area delineated on a TOPO map
- Project area delineated on an aerial map

### Section 6. Certification

I certify that, to the best of my knowledge, the information contained in this application and attachments is true and correct. I understand that any work performed prior to receiving an award letter or notice to proceed may not be eligible for reimbursement.

Please type your name in the signature line. By electronically signing this form, you are agreeing to be legally bound to the same extent as if you applied a traditional handwritten signature on a paper document submitted to satisfy the same requirement.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Title

Send completed application, along with all other application materials,  
to: [DNRUnderservedGrants@wisconsin.gov](mailto:DNRUnderservedGrants@wisconsin.gov).