

**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 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, Corrosion Control Treatment Recommendation Worksheet or other documentation from the DNR indicating what actions are needed to address the problem
- Project area delineated on a topographic map
- Project area delineated on an aerial map
- UDWS Environmental Review Form (Form 8700-830)
- W-9 Form
- NNs only: IRS Tax-Exempt Affirmation Letter, unless government owned

**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).