



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
WATER BUREAU-DRINKING WATER & ENVIRONMENTAL HEALTH SECTION

**INSTRUCTIONS FOR SUBMITTING WELLHEAD PROTECTION GRANT APPLICATIONS**

By the authority of Sections 5 and 16 of Act No. 399 of the Public Acts 1976

**Note to Re-applicants:** Public Water Supply Systems (PWSSs) that are reapplying must complete a new application, have all team members sign and submit a new participation agreement, and complete Table 2: Grant Assistance Tabulation, and possibly Table 1: Previous Expenditure Tabulation. Re-applicants should not send documentation that was included in the previous application, such as invoices, resolutions, etc. If changes or additions have been made since the previous application, include documentation supporting these changes. Table 1 only needs to be completed, and documentation of new expenditures submitted, if the re-applicant has expended money on eligible wellhead protection activities since the last application, and that money has not been matched with grant dollars. The balance of previous expenditures entered on Table 1, row one does not include previous expenditures designated as local match in the contract period of July 1, 2008 through June 30, 2009. **PLEASE PROVIDE YOUR E-MAIL ADDRESS ON THE APPLICATION FORM AND WE WILL SEND CONFIRMATION THAT YOUR APPLICATION HAS BEEN RECEIVED.**

**I. Amount of Grant Assistance**

Funding will be awarded based on the PWSS priority list score. The priority list is a ranking of applicants of similar size based upon the population served, which provides a prioritization for grant assistance. The amount of grant assistance that a community is eligible for in a grant funding cycle is based on the population served by the PWSS and the number of wells owned and operated by the PWSS. To determine the grant assistance amount for population served and the grant assistance amount for the number of wells, refer to Sections R325.12808 & R325.12809.

**Line a:** Enter the amount of assistance for which you are eligible based on population served. Include the source of the population data.

**Line b:** Enter the amount for which you are eligible based on the number of wells.

**Line c:** Enter the total amount of grant assistance based on population and wells. Add lines a and b.

**Line d: Table 1: Previous Expenditure Tabulation** must be completed to determine the total of previous expenditures to be entered on line d. Please refer to section II before entering an amount on line d.

**Line e: Table 2: Grant Assistance Tabulation** must be completed to determine the amount of grant assistance that you will be requesting. Please refer to section III before entering an amount on line e. **The amount requested must be in whole dollars.**

**Line f:** Check yes if you have received grant assistance on previous Wellhead Protection Grant Program Contracts.

**II. Designation of Local Funds for Wellhead Protection Program**

The PWSSs that have previous expenditures on wellhead protection activities completed in accordance with the State of Michigan, Wellhead Protection Program may use those previous expenditures as the local match. Previous expenditures must be greater than, or equal to, the amount of grant assistance requested to receive the 6 points in the scoring process for providing the local match through previous expenditures.

The documentation of previous expenditures is important to demonstrate that funds are available for the completion of grant eligible activities. Complete **Table 1: Previous Expenditure Tabulation** identifying an invoice number, date, description of the activity, and amount. In the itemization of expenditures, be specific about the wellhead protection activities for which you have paid. *All previous expenditures must be documented at this time.* Documented previous expenditures not used as a local match in this period of application will be tracked by the DEQ and can be used as a local match in future applications for additional grant assistance. Enter the total of previous expenditures on line d.

The applicant must demonstrate the availability of funds that will be used to complete the grant eligible activities listed on **Table 2**. You must provide documentation to demonstrate that the total of the local match plus the grant assistance is available for wellhead protection. The grant assistance amount that you might be awarded may be included as available funds but needs to be designated as such in the application. If previous expenditures for wellhead protection were identified in **Table 1: Previous Expenditure Tabulation**, attach copies of invoices and cancelled checks to **Table 1** and include as **Appendix A**. If there were no previous expenditures, demonstrate that funds are available as a budget item for wellhead protection or that a contract is in place to complete grant eligible activities. Attach documentation and include as **Appendix A**.

**III. Distribution of Grant Funds** - Examples of completed Table 2: **Grant Assistance Tabulation** are located on the Wellhead Protection Program web page. To access the Wellhead Protection Program web page, please visit the Department of Environmental Quality's Water Bureau website at [www.michigan.gov/deqwhp](http://www.michigan.gov/deqwhp). Fill out **Table 2**, identifying the grant eligible activity, the deliverable, the activity cost, the amount requested and the local match for the activity in columns A, B, C, D, and E, respectively. The amount of grant assistance requested on line e of section I on the application is the sum of amounts in column D of **Table 2: Grant Assistance Tabulation**. The amount on line e cannot exceed the amount on line c. Refer to the following parts of this section for completion of **Table 2: Grant Assistance Tabulation**.

### **Previous Expenditures to be Used This Contract Period**

Document previous expenditures to be used as the local match on **Table 2**. Enter the amount of previous expenditures you will be using this contract period towards the local match in column C, Activity Cost and in column E, Local Match, sub column Previous Expend. These two amounts will be the same. If you are not using previous expenditures, enter zero.

### **A. Grant Eligible Activities**

A grant eligible activity is a task undertaken for the purpose of determining a wellhead protection area, or the development, implementation, or long-term maintenance of a wellhead protection program. Multiple activities may serve to fulfill the requirements of a single element. Multiple activities need to be listed individually if partial payment for activities is to be requested. In column A of **Table 2** describe all grant eligible activities for which the PWSS will be requesting grant assistance. The activities described in column

A must be completed within the contract period.

### **B. Deliverable**

A deliverable is the product of the completed grant eligible activity listed in column A. List the deliverables that you will be submitting as proof that the grant eligible activity specified in column A has been completed. Some examples of deliverables are reports, contaminant source inventories, and local ordinances. Payment will be based on the approval of the deliverables listed on **Table 2**.

### **C. Activity Cost**

In this column list the total cost of the corresponding grant eligible activity identified in column A.

### **D. Requested Grant Assistance for The Activity**

In column D you will be entering the amount requested for the activity listed in column A. **The amount requested must be in whole dollars.** If you have no previous expenditures the amount listed in column D will be one-half the amount listed in column C. If you have previous expenditures that are equal to or greater than the total amount of grant assistance requested on line e of section I, then the amount listed in column D will be equal to the amount listed in column C. If your previous expenditures are less than the total amount of grant assistance requested on line e of section I, the total cost of the activity in column C will equal the amount of grant assistance requested in column D, up to the amount of previous expenditures available. After you have used all your previous expenditures for the local match, the amount requested in column D will be one-half the amount listed in column C.

### **E. Local Match**

The amount entered in column E will reflect the amount of previous expenditures and/or local funds that will be used for the 50 percent local match. Column E, Local Match will always equal column D, Grant Assistance Requested. If you do not have any previous expenditures, a zero will be entered in the Local Match column under Previous Expend., and the amount in column E, Local Funds will be one-half the amount listed in column C. If you are providing the local match by previous expenditures, the amounts entered in column E, local funds and Previous Expend. will both be zero. If the local match is being provided by previous expenditures and local funds, zero will be entered in both Local Funds and Previous Expend. until the total amount of previous expenditures is used. Once all previous expenditures have been used for the local match, the remaining local match will be provided through local funds and the amount of local funds entered under Local Funds.

### **F. Total**

Column D will always be half of column C. The total of column E, (Local Funds plus Previous Expend.) will always equal column D. Enter the total of column D on line e of section I of the application. Column D plus column E will always equal column C. The total of column D that is entered on line e cannot exceed the total amount of grant assistance for which you are eligible as identified on line c of section I of the application. Include **Table 2: Grant Assistance Tabulation** in **Appendix A**. Activities must be within the period of October 1, 2009 to September 30, 2010. **No extensions beyond this date will be granted.** Include at the end of **Appendix A**.

## **IV. Local Wellhead Protection Team Development**

Scoring for the development of a local wellhead protection team will be based on the number of members on the team and their representation. The local team is a collection of not less than three persons whose purpose is to facilitate the development, implementation, and maintenance of a Wellhead Protection Program. The team must include the PWSS superintendent and a representative from the municipality served by the PWSS. The team **MUST** meet quarterly as a minimum requirement and submit a quarterly report to the DEQ. Team members must remain active in the development and implementation of the local Wellhead Protection Program. Team members that leave the program must be replaced and notification of the replacement submitted to the DEQ.

You must include with the application a new, signed participation agreement for each of the team members to be eligible for points. Available points for the local team in the priority list score are provided in Section R325.12807. Include all documentation for this section as **Appendix B**.

**V. Long-term Commitment to Wellhead Protection**

This section will be used in the priority list score to evaluate the local commitment to wellhead protection. Please provide documentation of the items listed below that you have or are in the process of completing. Include all documentation for this section as **Appendix C**.

**Attachment 1:** Local ordinance or resolution related to wellhead protection. An individual or group of individuals, empowered with the appropriate authority must sign the local ordinance or resolution.

**Attachment 2:** Schedule of completion must contain estimated completion dates for the seven required elements of a Wellhead Protection Program, as well as the estimated completion date for your local Wellhead Protection Program. Please include a time line for completion even if it is not within the period for which you are requesting grant assistance.

**Attachment 3:** Evidence of incorporating wellhead protection into a Master Plan or other land use planning programs.

**Attachment 4:** Evidence of a public outreach or education program related to wellhead protection.

**VI. Signature**

The application form must be signed by a person that has the authority to commit the necessary funds to the local Wellhead Protection Program. **All completed applications must be postmarked or hand delivered by 4:00 p.m. on June 15, 2009.**



**Michigan Department of Environmental Quality  
Water Bureau- Drinking Water & Environmental Health Section  
Wellhead Protection 2009 Grant Application**

Water Supply Name: \_\_\_\_\_ WSSN: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Contact's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact's e-mail address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Tax identification number: \_\_\_\_\_ County: \_\_\_\_\_

Population served by public water supply: \_\_\_\_\_ Number of wells: \_\_\_\_\_

Source of population data:

Consultant: Yes  No  Consultant: \_\_\_\_\_ Address: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

- |    |  |          |
|----|--|----------|
| I. | Grant assistance based on population served                              | a. _____ |
|    | Supplemental assistance based on number of wells                         | b. _____ |
|    | Total grant assistance based on population and wells (add lines a and b) | c. _____ |
|    | Total previous expenditures to date (table 1)                            | d. _____ |
|    | Amount of grant assistance requested this application                    | e. _____ |

f. Have you received grant assistance in previous Wellhead Protection Grant Contracts?

Yes  No

II. Demonstrate that funds have been committed to wellhead protection and attach documentation of the dedication of funds to the grant eligible activities for which grant assistance is being requested. Provide proof of the dedication of funds to grant eligible activities in the form of receipts for previous expenditures, proof of a written agreement, or proof of the funds as a local budget item. Please complete attached Table 1: Previous Expenditure Tabulation 2009, to document all previous expenditures. Include all documentation for this section as **Appendix A**. (Maximum 6 Points)  
*Re-applicants please see "Notes to Re-applicants" at the beginning of the instructions.*

III. For completion of this section, please refer to the attached Table 2: Grant Assistance Tabulation. The tabulation is completed to identify previous expenditures that can be utilized as a local match, identify projected project costs, and define the distribution of grant assistance to the grant eligible activities for which assistance is being requested.

1. Identify in column C, Activity Cost, and in column E, Previous Expend. subcolumn, the amount of previous expenditures to be used this contract period. Column C will equal column E in the first row.
2. Identify in column A the grant eligible activities to be completed for which you are requesting grant assistance. A breakdown of the grant eligible activities is important if you will be requesting a partial distribution of grant funds.
3. In column B, Deliverable, identify the "deliverable" related to the grant eligible activities.
4. In column C, Activity Cost, enter the projected cost for completion of the grant eligible activities identified in column A.
5. In column D, Amount Requested for the Activity, enter the amount of grant assistance you are requesting for the grant eligible activity identified in column A.
6. In Column E, Local Match, you will designate the amount of your local match which will be provided through previous expenditures and/or local funds.

When the table is properly completed, the Total for column C, Activity Cost, will be the sum of column D, Requested Grant Assistance, and the combined totals of the Local Funds and Previous Expend. Sub-columns in column E, Local Match. Column D will be 50 percent of column C. Include Table 2: Grant Assistance Tabulation 2009 at the end of **Appendix A**.

- IV. Establishment of a local team consisting of at least 3 individuals is required for a public water supply to be considered for grant assistance. The local team must meet quarterly during the contract period as a minimum requirement and a quarterly report submitted to Michigan Department of Environmental Quality (DEQ) after each meeting. The local team must include the PWSS superintendent and representation from the municipality or owner of the PWSS. Identify members of the local team by completing the following table. **All team members must complete a New Wellhead Protection Team Participation Agreement Form** to be included with the application to be eligible for a maximum of 5 points. **The original Participation Agreements must be submitted with the application. No photocopies will be accepted.** Adjacent municipality representation is worth 2 additional points. Include all documentation for this section as **Appendix B**.

<u>Local Team Representative</u>	<u>Name</u>	<u>Representing</u>
PWSS Superintendent	_____	_____
Municipality	_____	_____
Local Health Department	_____	_____
Local Fire Department	_____	_____
Business and Industry	_____	_____
Agriculture	_____	_____
Education	_____	_____
Planning	_____	_____
Environmental Organization	_____	_____
General Public	_____	_____
Adjacent Municipality (2 pts)	_____	_____

- V. Demonstrate a long-term commitment to the development, implementation, and maintenance of a Wellhead Protection Program. Attach documents, as applicable, to demonstrate your long-term commitment to wellhead protection. Include all documentation for this section as **Appendix C**. (Maximum 3 Points for any of the attachments)

- Attachment 1: Local Ordinance or Resolution related to wellhead protection
- Attachment 2: Schedule of Completion for local Wellhead Protection Program
- Attachment 3: Evidence of incorporating wellhead protection into Master Plan or other land use planning programs
- Attachment 4: Public Outreach and Education

- VI. I certify that all information in this application is true and complete. I understand any misstatement of facts may result in forfeiture of grant assistance eligibility.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

TITLE: \_\_\_\_\_

**\*PLEASE PROVIDE YOUR E-MAIL ADDRESS ON THIS FORM AND WE WILL SEND CONFIRMATION THAT YOUR APPLICATION HAS BEEN RECEIVED.**

**Mail completed application and attachments to:**  
 MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
 WATER BUREAU  
 DRINKING WATER AND ENVIRONMENTAL HEALTH SECTION  
 SOURCE WATER PROTECTION UNIT  
 ATTENTION: Jason Berndt  
 PO BOX 30273  
 LANSING MI 48909-7773

# Table 1: Previous Expenditure Tabulation 2009

Invoice Number	Date	Wellhead Protection Activity	Amount	Approved Amount (DEQ use only)
XX	XX	Balance of previous expenditures (not including those designated as local match in the 2008 contract).		
<b>Total</b>				

# TABLE 2: Grant Assistance Tabulation 2009

Contract Period October 1, 2009 to September 30, 2010

                      
Water Supply Name

<b>DEQ USE ONLY</b>	
Previous Expenditures:	\$
Previous Expenditures to be used this contract period:	\$
Remaining Previous Expenditures for use as future local match:	\$

(A)	(B)	(C)	(D)	(E)	
Grant Eligible Activities	Deliverable	Activity Cost	Requested Grant Assistance	Local Match	
				Local Funds	Previous Expend.
<b>PREVIOUS EXPENDITURES TO BE USED THIS CONTRACT PERIOD:</b>	DEQ approved previous expenditures		<b>\$0</b>	<b>\$0</b>	
					<b>\$0</b>
					<b>\$0</b>
					<b>\$0</b>
					<b>\$0</b>
					<b>\$0</b>
					<b>\$0</b>
					<b>\$0</b>
<b>Total</b>					

**Attention: Amendments to this table must be requested in writing at least 2 months prior to contract expiration and cannot increase the total contract amount.**

# Wellhead Protection Team Participation Agreement



I agree to actively participate as part of the team in developing and implementing the Wellhead Protection Program for the

\_\_\_\_\_

Water Supply. I agree to attend the minimum required quarterly meetings during the contract period October 1, 2009 to September 30, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE, ORIGINAL SIGNATURES ONLY. NO PHOTOCOPIES ACCEPTED.**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Representing: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_