

Minnesota Onsite Wastewater Association MOWA Foundation Grant Application

Organization Name: _____

Organization Address: _____ City: _____ State: _____ ZIP: _____

Qualifications:

Registered as 501.C.3 Organization (If yes, please include your registration with the MN Secretary of State) Yes No

Provide a copy of the Organization's Mission Statement.

Site located in County, City or Township that is a current member of MOWA Yes No

County site is located: _____ City/Township site is located: _____

Has the existing SSTS at the site been ordered by the local unit of government to be replaced or upgraded? Yes No

If yes, please include a copy of the order from the local unit of government

If no is checked to any of the above questions, your organization is not eligible for this grant program.

Additional Questions (a no answer does NOT disqualify the application)

Has any additional funding or grant opportunities been applied for to complete the project? Yes No

Does the organization have the means to pay up to 50% of the project costs? Yes No

Has a design already been conducted for this project? Yes No

If Yes, has a permit application been applied for at the local unit of government? Yes No

If Yes, has the permit been approved and/or issued? Yes No

If yes, are there any bids on the project? Yes No

If Yes, what is the amount of the bid(s) _____

SSTS Services from MOWA required to complete the project

Septic System Design Permit Application System Installation Materials

Non-Discrimination Clause. Minnesota Onsite Wastewater Association (MOWA) does not discriminate on the basis of race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, physical or mental ability, veteran status, military obligations, and marital status with regard to the award of this grant.

Hold Harmless Clause. Applicant agrees to protect, defend, indemnify and hold MOWA harmless from all claims, losses, damages, and expenses, which may be asserted against or be incurred by MOWA whether direct or indirect, foreseeable or unforeseeable, including, but not limited to, those resulting from injuries to any person or damage to any property, caused in any manner by any act or failure to act of MOWA in connection with the furnishing of services and materials covered by this Foundation Grant. For the purposes of this Section, MOWA shall be deemed to include its members, employees, agents, members of its governing board.

Conflicts of Interest Clause. Each MOWA grant reviewer must certify that to the best of his or her knowledge he/she has disclosed all conflicts of interest that he or she may have with the grant applicants and that he or she fully understands the confidential nature of the review process.

The undersigned hereby makes Application for MOWA Foundation Grant monies, agreeing that all work shall be done in strict accordance with all Federal, State, and local ordinance requirements. Applicant agrees that, if selected: MOWA, its partners, and the University of Minnesota Onsite Sewage Treatment Program can use the site for training purposes; MOWA, contractors, and vendors who donated time, labor and materials can advertise at the site their involvement and scope of involvement in the project; if a Service Provider is required to manage the system, a Service Provider that is a MOWA member will be used; all maintenance and repair required on the system will be performed by a MOWA member.

Signature Field _____ Date/Time _____

Printed Name _____ Email _____

Telephone 1 _____ Telephone 2 _____