

**Notice:** This application is for the Lead Service Line Replacement (LSLR) Community Outreach Grant Program funded by the Bipartisan Infrastructure Law of 2021 (BIL). Refer to Grant Announcement for important information about this application and program requirements. Failure to submit a completed form to the Department of Natural Resources (DNR) will result in the denial of grant funds. 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 Law (ss. 19.31-19.39, Wis. Stats.) and requirements.

### **Section I. Municipal Community Public Water System Information**

1. Municipal Community Public Water System Name: \_\_\_\_\_
2. Municipal Community Public Water System ID #: \_\_\_\_\_
3. Unique Entity ID (UEI): \_\_\_\_\_
4. Authorized Representative Contact Information:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_
5. Point of Contact for Grant (if different from authorized representative):  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Section II. Lead Service Line Replacement Information**

1. Has construction begun on your lead service line replacement project yet?  
Yes      No
  - a. If yes, when did work begin? \_\_\_\_\_
  - b. If no, what is the projected start date for construction? \_\_\_\_\_
2. What is the projected completion date for your lead service line replacement project?  
\_\_\_\_\_
3. Approximately how many lead service lines will be replaced as part of your project? If you are unsure how many lead service lines need to be replaced, provide your best estimate. # of private side lead service lines: \_\_\_\_\_
  - a. # of public side lead service lines: \_\_\_\_\_
4. Have you applied for loan funding for lead service line replacement from the DNR through the Safe Drinking Water Loan Program?      Yes      No
  - a. If yes and you have been approved, provide the project number: \_\_\_\_\_



**Section IV. Eligible Cost Estimate**

The costs summarized in this section should be eligible expenses as described in the LSLR Community Outreach Grant Announcement. If the project includes other costs approved by the DNR, please submit a detailed budget breakdown with your application.

<b>Eligible Project Costs</b>	<b>Description</b>	<b>Total Cost</b>
1. Water System Personnel Expenses		
2. Contracts With Third Parties		
3. Door-to-door Education & Outreach		
4. Community Engagement Activities		
5. Social, Digital or Print Media		
6. Marketing & Advertising		
7. Costs to Design, Print, and/or Translate Materials		
8. Indirect costs (attach proof of indirect rate, if applicable)		
9. Other Costs Approved by the DNR (include approval document)		

**Total:** \_\_\_\_\_

**Section V. Attachments**

Attach the following items to this application:

1. Detailed description of the proposed outreach activities, the intended outcomes, and the expected timeline for the proposed outreach activities. If you plan to contract with one or more third parties to perform outreach activities, include the details of your plans to establish contract(s), the scope of the work the third party will perform, and how your plans for contract(s) will enhance your outreach project.
2. Document(s) to demonstrate the status of your lead service line replacement project. Acceptable forms of documentation include one or more of the items below, but alternative forms of documentation may be considered on a case-by-case basis and approved at the DNR’s discretion:
  - a. A municipal mandatory replacement ordinance for lead service lines
  - b. A prequalified list and/or request for qualifications (RFQ) for contractors for the lead service line replacement project
  - c. A loan acceptance letter from the DNR’s Safe Drinking Water Loan Program for a lead service line replacement project
  - d. Publicly available materials that detail the status of the project, such as a dedicated lead service line replacement webpage administered by the municipality or water utility
  - e. A municipal ordinance for special charges

**Section VI. 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 will 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:  
[DNRLSLROutreachGrants@wisconsin.gov](mailto:DNRLSLROutreachGrants@wisconsin.gov)