SUBJECT: Water Programs Emergency and Imminent Community Water Assistance Grants Transmittal Memorandum to Request Funds

TO: State Directors, Rural Development

ATTN: Community Programs - Program Directors

EFFECTIVE DATE: Date of approval

OFFICE OF PRIMARY INTEREST: Assistant Administrator, Water and Environmental Programs

INSTRUCTIONS: This bulletin replaces the September 26, 2003, version.

AVAILABILITY: This Bulletin is available on the Internet at http://www.rurdev.usda.gov/RDU_Bulletins_Water_and_Environmental.html

PURPOSE: To provide the transmittal memorandum used to request funds from the National Office for ECWAG grants.

JACQUELINE M. PONTI-LAZARUK
Assistant Administrator
Water and Environmental Programs

1/27/2014

Date

DISCLAIMER: The contents of this guidance document does not have the force and effect of law and is not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.
1 PURPOSE

The purpose of this bulletin is to provide a format for requesting funds from the National Office for the Water Programs Emergency and Imminent Community Water Assistance Grant (ECWAG) program. For Grant Applications that are not eligible for the simplified application process, complete and attach Exhibit A of this bulletin to the front of Exhibit A of RUS Bulletin 1778-1 and submit to the National Office. For Grant Applications that are eligible for the simplified application process, complete and attach Exhibit B of this bulletin to the front of Exhibit A of RUS Bulletin 1778-1 and submit to the National Office.
TO: Administrator, RUS
    Washington, DC 20250
    STOP: 1578
    Washington, DC 20250

State ________________________________________________________________

Name of Applicant __________________________________________________

Total project costs __________________________________________________

Amount of grant requested ____________________________________________

Is the population of area served less than 5,000?   _____ Yes   _____ No

Is the amount of grant limited to $500,000?   _____ Yes   _____ No

Is the amount of grant limited to $150,000?   _____ Yes   _____ No

Description of proposed facility and emergency it will correct. If you recommend that the Administrator assign discretionary points, a complete written justification must accompany this attachment. The justification must include the nature and date of the emergency that the project will correct. You should include such information as decline in quantity that causes rural residents to haul water or contaminate levels that severely affect the quality of the drinking water. If additional space is needed, attach separate sheet.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

State Program

Official ____________________________________________ Date

FOR USE BY NATIONAL OFFICE

Administrator's Discretionary Points _________________

Total Project Score _________________
TO: Administrator, RUS  
Washington, DC 20250  
STOP: 1578  
Washington, DC  20250

State ________________________________________________________________

Name of Applicant ____________________________________________________

Total project costs ____________________________________________________

Amount of grant requested _____________________________________________

Is the population of area served less than 5,000?  ____ Yes  ____ No____

Is the amount of grant limited to $500,000? _____  ____ Yes  ____ No____

Is the amount of grant limited to $150,000?  ____ Yes  ____ No____

Description of proposed facility and emergency it will correct. If you recommend that the 
Administrator assign discretionary points, a complete written justification must accompany this 
attachment. The justification must include the nature and date of the emergency that the project 
will correct. You should include such information as decline in quantity that causes rural 
residents to haul water or contaminate levels that severely affect the quality of the drinking 
water. If additional space is needed, attach separate sheet.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Evidence of Financial Need. Briefly describe how the applicant has demonstrated financial need 
below.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Certification:

I hereby certify that the above applicant and project are eligible for grant funding pursuant to 7 CFR 1778. I also certify that I have reviewed the applicant’s financial documents and determined that the applicant has demonstrated a bona fide need for the grant funding. I further certify that the applicant’s proposed project does not contain costs that are covered by the applicant’s insurance or eligible for FEMA funding. Documentation sufficient to demonstrate that project costs are covered by neither insurance nor FEMA has been entered in CPAP.

Program Director

State Director

FOR USE BY NATIONAL OFFICE

Administrator's Discretionary Points

Total Project Score