

Department of Safety and Professional Services Safety and Buildings Division	<h1>Eligible Applicant List</h1>	Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program
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Governmental Unit Name:	For DSPTS Use Only	
Property Owner Name (Please list alphabetically):	Is this application for a Principal Residence (PR) or Small Commercial Establishment (SCE):	State Share Requested:
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Department of Safety and Professional Services Safety and Buildings Division		<b>Governmental Unit Application</b>		Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program	
Governmental Unit:				FOR DSPS USE ONLY	
Authorized Representative's Name and Title:					
Mailing Address:				Telephone Number:	
City, State, Zip Code:				Fax Number:	
E-mail Address:				Is this a new address, telephone number, fax number, or e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Category 1 Applications Submitted:	Amount Requested for Category 1 Applications Submitted:	Number of Category 2 Applications Submitted:	Amount Requested for Category 2 Applications Submitted:		
Total Number of Applications Submitted:	Total Amount Requested for All Applications Submitted:	How many of the applications are for a small commercial establishment?	Total Amount Request for Small Commercial Establishment Applications submitted:		

The Governmental Unit Application and Eligible Applicant List are the two cover sheets that should be submitted with each batch of applications sent to the Department of Safety and Professional Services.

Each owner's application packet submitted to the Department of Safety and Professional Services must include a copy of the Owner's Application, Grant Worksheet, Sanitary Permit Application and approved plot plan.

Final inspection report forms can be sent with the owners application packets if the system has been installed or can be sent later with the grant payment request.

To the best of my knowledge and belief, this application and all attachments are true and correct under Chapter Comm 87, Wisconsin Administrative Code, and Section 145.245, Wisconsin Statutes.

Signature of Authorized Representative:	Date Signed:

Department of Safety and Professional Services Safety and Buildings Division	<b>Grant Worksheet</b>	Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program
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<b>Owner's Name:</b>	<b>Governmental Unit:</b>
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**PART 1. GRANT FUNDING TABLES**

In Sections B-F, the number of bedrooms determines the grant award. To use the grant funding tables for **small commercial establishments**, divide the estimated daily wastewater flow rate in gallons per day by 150, round off to the next highest whole number and use the result for the number of bedrooms.

<b>A. Site evaluation and soil testing.</b> Grant amount \$250.		\$
<b>B. Installation of a replacement anaerobic treatment component.</b>		
<u>Number of Bedrooms</u>	<u>Grant Amount</u>	
1 or 2 .....	\$500	
3 .....	550	
4 .....	650	
5 .....	725	
6 .....	750	
7 .....	875	
8 or more.....	950	\$

<b>C. Installation of a dosing component, lift pump or siphon:</b>		
<u>Number of Bedrooms</u>	<u>Grant Amount</u>	
1 or 2 .....	\$1,100	
3 or 4 .....	1,200	
5 or more .....	1,250	\$

<b>D. Installation of a non-pressurized and in-ground pressure POWTS treatment or dispersal component.</b>								
Percolation Rate When Properly Filed with the Governmental Unit Before 7-2-94 Minutes Per Inch	Design Loading Rate in Gallons Per Square Foot Per Day	1	2	3	4	5	Each Additional Bedroom:	
0 to less than 10	0.7 or more	\$ 1,400	\$1,450	\$1,925	\$2,100	\$2,100	\$250	
10 to less than 30	0.60 to 0.69	1,475	1,475	2,100	2,200	2,250	250	
30 to less than 45	0.50 to 0.59	1,475	1,475	2,100	2,400	2,450	300	
45 to less than 60	0.49 or less	1,475	1,550	2,325	2,725	2,750	300	\$

<b>E. Installation of an at-grade or mound POWTS treatment or dispersal component.</b>								
<u>Type of Design</u>	1	2	3	4	5	Each Additional Bedroom:		
At-Grade	\$2,050	\$2,350	\$2,600	\$3,200	\$3,800	\$275		
High Groundwater Mound	2,550	3,500	4,100	4,750	4,775	300		
High Bedrock Mound	4,000	4,600	4,675	4,775	4,775	350		
*Slowly Permeable Mound	3,250	3,600	4,400	4,750	4,750	375		
Mound with less than 24" of suitable Soil or greater than 12% slope.	3,050	4,175	4,400	4,775	4,775	375	\$	

\*A slowly permeable mound may be designed based on a percolation rate of greater than 60 minutes per inch and less than or equal to 120 minutes per inch or having a soil application rate of 0.3 or less.

<b>F. Installation of a POWTS Holding Tank Component.</b>								
	1, 2 or 3	4	5	6	7	8	Each Additional Bedroom:	
Grant Amount:	\$2,800	3,200	3,850	4,400	4,775	4,775	\$400	\$

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<b>PART 1. GRANT FUNDING TABLES continued</b>						
<b>G. Installation of a Replacement Exterior Grease Interceptor by Gallon Capacity.</b>						
Gallons:	Up to 1,249	1,250-1,499	1,500-1,749	1,750-1,999	2,000 or more	
Grant Amount:	\$550	\$650	\$750	\$800	\$900	\$
<b>I. Installations not Covered by the Grant Funding Tables.</b>						
The department on a case-by-case basis reviews installations not covered by the Grant Funding Tables. If you are requesting funding for an installation not covered by the grant funding tables or listed in Sections A-H, please explain your request here, attach a copy of the paid invoice showing the cost of the item and request 60% of the cost of the installation at the right.						
						\$
<b>TOTAL PART 1.</b>						\$
<b>PART 2. GRANT AMOUNT CALCULATIONS</b>						
<b>A. Enter the total from Part 1. The maximum award at this point is \$7,000.</b>						
						\$
<b>B. Is the applicant a licensed plumber or contractor that installs private onsite wastewater treatment systems? If yes, enter 2/3 of the amount from section A in this section or \$4,667, whichever amount is less.</b>						
If the applicant is not an installer, list the amount from Section A here.						\$
<b>C. If this application is for a small commercial establishment and the annual gross income of the business that owns the small commercial establishment is less than \$362,500, the amount listed in Section B is the total grant award. Carry the amount in Section B forward to Section F.</b>						
If this application is for a principal residence and the annual family income of the owner(s) is less than \$32,001, the amount listed in Section B is the total grant award. Carry the amount in Section A forward to Section F.						
If this application is for a principal residence and the annual family income of the owner(s) is between \$32,001 and \$44,999, list the amount in Section B here and go on to Section D.						
						\$
<b>D. Use this section to calculate the grant award for an application for a principal residence where the income of the applicant(s) is between \$32,001 and \$44,999. This application will need to be reduced by 30% of the grant amount for each dollar earned over \$32,000.</b>						
Annual Family Income _____						
Subtract <span style="float: right;">- \$32,000</span>						
Subtotal _____ X .30 = _____						
List the final calculation in this section and continue to Section E.						\$
<b>E. Subtract section D from section C. This is the maximum grant amount for this applicant. Carry this amount forward to section F.</b>						
						\$
<b>F. Total grant award requested for this applicant up to the maximum of \$7,000. If your final calculation totals more than \$7,000, list \$7,000 here.</b>						
The amount in this section must be at least \$100 for the applicant to be eligible for a grant award. If the amount calculated is less than \$100, the applicant is not eligible.						
						\$

Notes:



Department of Safety and Professional Services Safety and Buildings Division	<h1 style="margin: 0;">Request For Payment</h1>		Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program
1. Governmental Unit Name:	2. Grant Number:	3. Request Number:	4. FOR DSPS USE ONLY
5. Address of the Treasurer where the check for this request should be sent:			
Treasurer's Name:	Street or PO Box Address:	City, State, Zip Code:	
6. Claim Information:	Amount:	FOR DSPS USE ONLY	
A. Total Amount This Claim: (Must agree with total on worksheets submitted with this claim.)			
B. Total Previous Payments:			
C. Total Cumulative to Date: (Total of lines 6A & 6B)			
CERTIFICATION: I certify that to the best of my knowledge the reimbursement represents the state share due which has not been previously requested. That all construction inspections have been performed and all work performed was in accordance with state-approved plans, specifications, Administrative Code and Wisconsin Statutes.			
Signature of Authorized Representative:		Date Signed:	Telephone Number (including area code):
Printed Name and Title:		E-mail Address	
FOR DSPS USE ONLY  Total Amount Authorized for This Payment: _____  Date Completed: _____  _____ Safety and Buildings Division  _____ Safety and Buildings Division		Fund . . . . . 100  Agency . . . . . 165  Org/Sub . . . . . 2120  Appr/Unit . . . . . 2026  Object . . . . . 5100  Fiscal Year . . . . . _____	

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