

Water Infrastructure Fund

Onsite Wastewater Systems in Unsewered Communities - Grant Application

Project Location and Description

County	
City/Town	
Property Street Address	
Year Property Constructed	
Problem With Existing System	

Applicant Information

Property Owner Name	
Phone	
Email	
Street Address	

Property is connecting to a Public Treatment Facility (if Yes, skip to signature line) Yes No

Total # Number of bedrooms	
Commercial Use and Estimated Water Usage	
Total System Design Flow (Gallons/Day)	

Onsite Wastewater System Plan

# Septic Tanks		Size of Tank in Gallons		Tank Material	
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System Type

Subsurface Soil Absorption System	<input type="checkbox"/>	Mound	<input type="checkbox"/>
At Grade System	<input type="checkbox"/>	Intermittent Sand Filter System	<input type="checkbox"/>
Packaged Treatment Media System	<input type="checkbox"/>	Other	<input type="checkbox"/>

Is this a surface discharging system? Yes No If yes, has applicant applied for an NPDES Permit? Yes No

System Description	
Estimated Cost	

Plan Approval

1. Signature of Applicant		Date	
2. Signature of County Sanitarian		Date	

By signing, I attest that the proposed project and applicant are eligible to receive water infrastructure funding. Further, I attest that the system has been permitted and will be installed in accordance with applicable law. I also acknowledge that the construction must be finalized within 6 months from the date of IFA approval.

Grant Award Approval	Amount	
Iowa Finance Authority (IFA) Signature		Date

Final Inspection and Review of Invoices

Signature of County Sanitarian		Date	
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By signing, I attest that the permitted system has been installed in accordance with applicable law and that the costs are directly related to the installation of the permitted system.

Actual Cost (IFA Use Only)		Final Grant Award (IFA Use Only)	
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Iowa Finance Authority
Automated Clearinghouse (ACH) Transfer Authorization

Name (exactly as it appears on tax documents)

First Name							
Middle Name							
Last Name							
Business Name (if applicable)							
Address				Email Address			
City			State			Zip	

Social Security Number or Federal ID#					
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It is understood that the grant award will be made only upon receipt of the necessary project certification form and corresponding invoices.

I (we) hereby authorize the Iowa Finance Authority (IFA) to initiate a deposit to my (our) bank account. I understand that the amount deposited will only be from the bank account established for ACH transfer. The amount of the deposit will be the total actual eligible costs of the onsite wastewater system or the grant award, whichever is less. **There is no charge for an ACH transfer.**

Bank Name							
City			State			Zip	
Bank Account Number							
Local Bank Routing Number (ABA#)							
Account Name							
Bank Tax ID#							

Checking Savings (check one)

Authorization

Signature			Date		
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This authorization is to remain in full force and effect until Iowa Finance Authority has received written notice of its termination or modification.

Please return this form to:
Iowa Finance Authority
Attention: Jane Larson
1963 Bell Ave, Suite 200 Des Moines, IA 50315