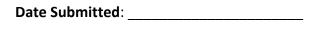


OSG Funding Announcement for Water Quality Management Planning

The Arizona Department of Environmental Quality (ADEQ) is pleased to announce funding opportunities for the Overflow and Stormwater Grant (OSG) program For Federal Fiscal Year 2024-2025. The projects can be publicly or privately owned. In addition, only capital projects are eligible, including infrastructure planning, design, construction, and equipment purchases. Operations and maintenance activities are not eligible for funding. Broad categories include, but are not limited to the following:

- Sanitary Sewer Overflow Correction
 - Infiltration/inflow correction
 - Enhancement of control systems
 - Real-time control systems for SSO management
- Stormwater and Subsurface Drainage Water
 - o Grey infrastructure
 - o Green infrastructure

See the attached application. Please submit the application to Julia A. Rowe, AZPDES Individual Permits Unit – rowe.julia@azdeq.gov or for more information 520.628.6721.





Sewer Overflow and Stormwater Reuse Municipal Grants

Project Summary						
Project Title:						
Project Description:						
(Provide an abstract that briefly describes the project) Limit: 500 characters.						
Please identify the end product(s) for the funding submittal.						
Authorizing Agency						
Name:						
Address:						
City:		State:			Zip Cod	e:
Authorizing Agency	Contact					
Last Name:			Fire	st Name:		
Title:		Phone	#:		Fax #:	
E-mail:						
Project Manager						
Last Name:			Fire	st Name:		
Title:		Phone	#:		Fax #:	
E-mail:					· · · · · · · · · · · · · · · · · · ·	
City/County/Neares	t Waterbody:					
Project Costs						
	Total project Cost:					
	Funds Requested:					
(If applicable or not re	equired) Other Funds:					

	ewer or stormwater problem(s) are you trying to address with these funds? Identify the causes and sources ng the project area. Limit 2500 characters
_	
Scope	of Work
_	Driefly describe the planning strategies and tactics to reach the project goal. Dravide reference to any existing s
•	Briefly describe the planning strategies and tactics to reach the project goal. Provide reference to any existing of previous planning efforts in the project area. Limit: 5000 characters
•	
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•	
•	

Key Personnel & Partnerships

	■ Describe the roles and responsibilities of positions for this project. Include the overall salary and rate for each position. Limit: 1000 characters.
	 Provide a brief summary of qualifications for individuals filling a position. If individuals have not yet been identified, describe the qualifications that will be used for an individual. Limit 1000 characters.
•	

Project Budget

 Please use the form below to develop a budget based on the anticipated costs for completing the project within the proposed time schedule. You may add an attachment for this if your varies from the one below.

Expenses Name	604(b) Amount	Cost Share (not required)	Total Amount
Salaries			
Sub-contractual Services			
Equipment			
Supplies (including printing, mailing)			
Travel (mileage current rate only)			
Total Amount			

Work Plan Steps & Expenditure Projections

Develop a work plan with a series of steps and associated dates that are necessary to complete the plans. Each step must have a milestone that provides a description of what will be accomplished. Develop an expenditure projection for a monthly or quarterly basis depending on reporting periods. These projection are an estimate of expenses and are flexible, but should account for the total expenditure for the life of the project. Work plan and expenditure projections must be developed as part of the application.

Talle		Months										
Tasks	01	02	03	04	05	06	07	08	09	10	11	12
Task 1:												
Task 2:												
Task 3:												
Task 4:												
Task 5:												
Task 6:												
Task 7:												
Task 8:												
Task 9:												

Project Insurance Coverage Quote

•	Providing proof of insurance coverage for your project is necessary upon award. Applicants must provide a
	quote for insurance coverage prior to grant award. If you need assistance with contacting an insurance
	company to obtain required coverage for your project you may contact: https://insurance.az.gov/contact-us or
	(602) 364-3100, for assistance with insurance companies in your area.

Initials:

Authority Signature Page

The undersigned hereby offers and agrees to perform in compliance with all terms, conditions, specifications, and scope in this funding application. Signature certifies understanding and compliance with the application attached hereto. ADEQ may approve the grant application and modifications to scope, methodology, schedule, final projects and/or budget.

Authorized Signature:	 Date:
Printed Name:	