



## **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
  - Grey infrastructure
  - Green infrastructure

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



Sewer Overflow and Stormwater  
Reuse Municipal Grants

<b>Project Summary</b>			
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.			
<b>Authorizing Agency</b>			
Name:			
Address:			
City:	State:	Zip Code:	
<b>Authorizing Agency Contact</b>			
Last Name:	First Name:		
Title:	Phone #:	Fax #:	
E-mail:			
<b>Project Manager</b>			
Last Name:	First Name:		
Title:	Phone #:	Fax #:	
E-mail:			
<b>City/County/Nearest Waterbody:</b>			
<b>Project Costs</b>			
Total project Cost:			
Funds Requested:			
(If applicable or not required) Other Funds:			

What sewer or stormwater problem(s) are you trying to address with these funds? Identify the causes and sources impacting the project area. Limit 2500 characters

**Scope of Work**

- Briefly describe the planning strategies and tactics to reach the project goal. Provide reference to any existing or previous planning efforts in the project area. Limit: 5000 characters

## **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.**

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

**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.

Tasks	Months											
	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: \_\_\_\_\_