

Sewer Overflow and Stormwater Reuse Municipal Grants Program Organization Information Form

Organization Information		
Organization Name		
Organization Address		
Point of Contact Name		
Phone Number		
Email		
Does the organization have a UEI/SAM Number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
UEI/SAM Number		
Organization Type (County government, Soil and Water Conservation District, city, etc.)		
Award Experience		
Has the organization received federal funding for similar programs in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the organization complied with all conditions of prior awards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the organization had one or more audit findings for non-compliance in the past five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the organization has received an audit finding for non-compliance, please provide the finding and corrections made by the organization:		
Is the organization able to provide the following for this funding opportunity?		
a. Able to follow the applicable guidance as outlined in the 2 CFR Part 200 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Quarterly check-ins with grant administrator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Compliance with BABA requirements , if applicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Translation or other formats

d. Does the organization anticipate challenges with reporting for this award?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If there are anticipated challenges with reporting, please note them here:		
Organization Costs and Finances		
Does the organization have a system to evaluate costs and determine if they are reasonable for the purposes of this project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the organization have policies and procedures for expending funds consistently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the organization have policies and procedures for maintaining financial tracking of these funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the organization have a record retention policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How are records managed by your organization? (Select both if a hybrid method is used.)	<input type="checkbox"/> Physical	<input type="checkbox"/> Digital
Other Organization Information		
Does the organization receive more than \$25 million in federal funds annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is this financial information uploaded into sam.gov?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: If the information is not uploaded, the organization must enter this into sam.gov prior to award.		
Project Information		
Project Name		
Project Type	<input type="checkbox"/> Planning	<input type="checkbox"/> Design <input type="checkbox"/> Construction
Identify all stormwater permits that this project will address, if applicable.		
This project is...	<input type="checkbox"/> Maintaining permit compliance. Include permit number.	<input type="checkbox"/> In response to permit non-compliance. Include permit number.
This project has no stormwater permit.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Project Location Address		
Project Timeline	Start Date	Completion Date

Project Description:

How does this project support permit compliance?

How does this project support water quality?

Award Information

Requested Grant Funding

Overall Project Funding Needed

Project Budget

a. Personnel Services

b. Subcontracts

c. Services/Supplies

d. Equipment

e. Indirect

f. Project Total

Other Funding Sources

What sources of non-federal match will the organization use, if needed?

Project Staff

If titles are different than listed below, please note them in the "Name/Title" line.

Presiding Official Name/Title	
a. Mailing Address	
b. Phone Number	
c. Email	
Grant Single Point of Contact/Title	
a. Mailing Address	
b. Phone Number	
c. Email	
Consulting Engineer Name/Title	
a. Mailing Address	
b. Phone Number	
c. Email	
Environmental Review Manager Name/Title	
a. Mailing Address	
b. Phone Number	
c. Email	
Authorized Representative Name	
Authorized Representative Signature	
Date	

Contact

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