

**OVERFLOW AND STORMWATER GRANT QUESTIONNAIRE**

**PURPOSE**

This questionnaire relates to an Overflow and Stormwater Grant from the Massachusetts Clean Water Trust (the "Trust"). It is intended to provide the Trust with information necessary to fund the Grant.

**Please enter a response for each question.** If a question requests information that is unavailable, please include an explanation of why the information is unavailable.

**GENERAL INFORMATION**

- A. Applicant (City, Town, District, etc.): \_\_\_\_\_
- B. Employer Identification Number: \_\_\_\_\_
- C. Unique Entity ID (UEID) Number with System for Award Management (SAM):  
\_\_\_\_\_
- D. Unique Entity ID Expiration Date: \_\_\_\_\_
- E. Wire Transfer Instructions for Grant Disbursements:
  - a. Bank: \_\_\_\_\_
  - b. Account No.: \_\_\_\_\_
  - c. ABA No.: \_\_\_\_\_

**CONTACT INFORMATION**

- A. Chief Financial Officer/Treasurer or Equivalent

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

- B. Department of Public Works Contact Person

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

C. Name, title and email address for each Grantee official authorized to sign the Grant Agreement

Name (First and Last)	Title (Treasurer, Town Administrator, etc.)	E-Mail Address

**FEDERAL GRANT COMPLIANCE QUESTIONS**

**A.** Has the organization received federal grant funds in the past five years?

1. Has the organization’s compliance with the terms of such grants been audited?

Yes No

2. Were there any findings of actual or possible non-compliance of such terms?

Yes No If yes, please explain: \_\_\_\_\_

**B.** Is the name of the organization and the UEID number provided with this questionnaire correct and consistent with the name and number appearing in the SAM? Yes No

If no, please provide name and number: \_\_\_\_\_

**C.** Has any person involved in submitting this questionnaire or that is expected to be involved in the grant or the project (i) been debarred, suspended or otherwise excluded from participation in federal or state assistance programs or activities or (ii) been the subject of any ongoing actual or threatened investigation or audit involving allegations of fraud, bribery, dishonesty, or any other action that bears upon the trustworthiness or responsibility of such person? Yes No

**D.** Does the organization have a conflict of interest policy consistent with 2 C.F.R. § 200.318(c) that is applicable to each activity funded under this grant? Yes No

1. Are there any potential conflicts of interest affecting the awarded funds in accordance with 2

C.F.R. § 200.112? Yes No If yes, please explain: \_\_\_\_\_

**E.** Are the organization’s finances audited at least annually by an independent auditor or accountant?

Yes No

1. Does such review include a review of financial controls? Yes No

2. In the past five years, has there been any change in the identity of such auditor or accountant?

Yes No If yes, please explain: \_\_\_\_\_

3. In the past five years, has such auditor or accountant provided a ‘clean’ report for each such

year? Yes No If no, please explain: \_\_\_\_\_

**PROJECT INFORMATION**

**G.** Has the organization already incurred expenses with respect to the Project?    Yes    No

- 1. Will it be requesting reimbursement for such expenditures?    Yes    No
- 2. Were the expenditures previously financed by the organization through the issuance of debt?  
Yes    No
- 3. What date were expenses first incurred? \_\_\_\_\_

**H.** Together with the Trust funds, does the organization have sufficient committed funds to complete the Project?    Yes    No    If no, please explain funding sources: \_\_\_\_\_

**OTHER INFORMATION**

If you have any other relevant information to provide, please include it below.

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By signing below, I certify that, to the best of my knowledge and belief, all information set forth in this Grant Questionnaire is correct and complete as of the date below.

**Signature:**

**Date:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Authorized Officer**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_