

# The Massachusetts Clean Water Trust Asset Management Plan Grant Program

## Program Application Cover Letter

General Information: Eligible Applicant	
Name	
Location	
Contact Person	
Phone	
Email	
Mailing Address	

Consulting Engineering Firm	
Engineering Firm	
Contact Person	
Phone	
Email	

Overall Project Cost Breakdown	
Grant Amount Requested:	
Proposed Funding Match:	
In-Kind Services Estimate:	
Total Project Cost:	

System(s) involved in this project: ☐ Stormwater ☐ Wastewater ☐ Drinking Water

Year(s) appearing on Clean OR Drinking Water Intended Use Plan(s): ☐ 2016 ☐ 2017 ☐ 2018

I, \_\_\_\_\_ hereby certify that I am duly authorized to submit this application on behalf of \_\_\_\_\_ and to agree, if awarded, to implement the Asset Management Planning Grant Program requirements on behalf of said applicant. I understand that the information provided with this application will be relied upon by the Commonwealth in deciding whether to award a grant and that the Commonwealth reserves the right to take action against the applicant or any other beneficiary of the grant if any of the information provided is inaccurate, misleading, or false.

I hereby certify, under the pains and penalties of perjury that, the answers submitted in this application and the documentation submitted in support are true, accurate and complete.

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Name

Title

Date