



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF ENVIRONMENTAL QUALITY  
 FINANCIAL ASSISTANCE CENTER  
**STATE INFRASTRUCTURE PROGRAM APPLICATION**

1. APPLICANT/CONTINUING AUTHORITY			
<input checked="" type="checkbox"/> Incorporated Municipality <input type="checkbox"/> Public Water or Sewer District <input type="checkbox"/> Other: _____			
NAME OF APPLICANT/CONTINUING AUTHORITY City of Republic Missouri			
TELEPHONE NUMBER WITH AREA CODE 417-732-3405		FAX NUMBER WITH AREA CODE	
MAILING ADDRESS 213 North Main Avenue		EMAIL ADDRESS anelson@republicmo.com	
CITY Republic	STATE MO	ZIPCODE + FOUR 65738	COUNTY Greene
2. AUTHORIZED REPRESENTATIVE/APPLICATION CONTACT			
AUTHORIZED REPRESENTATIVE NAME Andrew Nelson		TITLE Assistant City Administrator	
EMAIL ADDRESS anelson@republicmo.com		TELEPHONE NUMBER WITH AREA CODE 417-732-3405	
<input type="checkbox"/> Attach a completed Resolution of Governing Body of Applicant form.			
NAME OF PERSON TO CONTACT ABOUT THIS APPLICATION (IF DIFFERENT FROM AUTHORIZED REPRESENTATIVE)		TITLE	
EMAIL ADDRESS		TELEPHONE NUMBER WITH AREA CODE	
OPTIONAL QUESTIONS REGARDING MILITARY SERVICE (§42.390 RSMo. 2021)			
a) <i>Have you or an immediate family member ever served in the U.S. Armed Forces?</i>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) <i>If yes, would you like information about military-related services in Missouri?</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. ARCHITECTURAL AND ENGINEERING CONSULTANT			
HAS THE APPLICANT PROCURED ENGINEERING SERVICES?			
<input checked="" type="checkbox"/> Yes (attach procurement documentation and complete section) <input type="checkbox"/> No (skip to Section 6)			
CONSULTING FIRM'S NAME Burns and McDonnell		PROJECT CONSULTANT'S NAME Allison White	PROJECT CONSULTANT'S TITLE Department Manager
MAILING ADDRESS 425 S Woods Mill Rd, Ste 300		EMAIL ADDRESS alwhite@burnsmcd.com	
CITY Chesterfield		STATE MO	ZIP CODE + FOUR 63017
TELEPHONE NUMBER WITH AREA CODE 314-328-5431		FAX NUMBER WITH AREA CODE	
4. FACILITY INFORMATION			
LIST ALL MISSOURI STATE OPERATING PERMIT NUMBER(S) OF WATER OR WASTEWATER FACILITIES THAT ARE OR WILL BE AFFECTED BY THIS PROJECT, INCLUDING THOSE RECEIVING WASTEWATER IF THE CONTINUING AUTHORITY IS A SATELLITE SYSTEM:			
MO-0022098	MO-	MO-	
LIST ALL OTHER PERMIT NUMBER(S) OR AUTHORIZATIONS RELATED TO THIS PROJECT, IF KNOWN:			
5. PROJECT DESCRIPTION			
DESCRIBE THE MAJOR COMPONENTS OF THE PROJECT, ATTACH MAPS OR DRAWINGS SHOWING THE PROJECT LOCATION (SUBMIT ENGINEERING REPORT OR FACILITY PLAN, IF REQUIRED). Capital Expansion to Republic WWTP			
Design-Build (See Instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

6. ESTIMATED PROJECT COST			
Date of Cost Estimate: 11/1/2023			
Engineering (Planning and Design)	\$10,230,300	Construction	\$126,824,350
Engineering (Construction Phase)	\$ N/A-within construction total	Equipment	\$0
Engineering (Inspection)	\$0	Other Costs (specify_____)	\$
Land and Easements	\$0	Contingencies (estimate 10%)	\$within total above
<b>Subtotal Estimated Project Costs</b>	\$137054650	<b>Match, if required</b>	\$25,000,000
<b>Total Estimated Project Costs</b>	\$137054650	<b>Funding Request</b>	\$25,000,000
7. ESTIMATED PROJECT SCHEDULE			
Milestone (attach compliance schedule, if applicable)			Anticipated Date
A. Antidegradation Report (any new, expanded or upgraded wastewater treatment)			Complete
B. Engineering Report and Facility Plan complete			1/1/2024
C. All other funding is secured			6/1/2024
D. Engineering Plans and Specifications complete			1/1/2024
E. Construction start date			5/1/2024
F. Project completion date			12/31/2026
8. CERTIFICATION:			
The authorized representative certifies that the information submitted in this application is true and correct to the best of their knowledge and that they are authorized to sign and submit this application. The applicant agrees, if a grant is awarded on the basis of this application, to comply with all applicable terms, conditions, and procedures of the Department of Natural Resources; the applicable rules and regulations of the State of Missouri; and the terms and conditions of the grant agreement.			
SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE	
17. PREPARER'S NAME AND SIGNATURE (IF APPLICABLE)			
SIGNATURE OF PREPARER		DATE	
NAME AND TITLE (PRINT OR TYPE)		TELEPHONE NUMBER WITH AREA CODE	
EMAIL (PREFERRED) OR MAIL COMPLETED APPLICATION TO: Missouri Department of Natural Resources Financial Assistance Center P.O. Box 176 Jefferson City, MO 65102-0176 800-361-4827 or 573-751-1192 <a href="mailto:fac@dnr.mo.gov">fac@dnr.mo.gov</a>			

## STATE INFRASTRUCTURE PROGRAM APPLICATION INSTRUCTIONS

**Application Deadline:** Highly encourage applications to be submitted as soon as possible. Funding must be spent by June 30, 2025. Funding assistance is subject to state requirements. Applicants should contact the Missouri Department of Natural Resources' Financial Assistance Center prior to completing and submitting an application at [fac@dnr.mo.gov](mailto:fac@dnr.mo.gov), 573-751-1192, or toll free at 800-361-4827.

1. **APPLICANT/CONTINUING AUTHORITY:** The applicant is the entity that will receive the grant funds, if awarded. A continuing authority is a company, business, entity, or person(s) that will be operating the facility and/or ensuring compliance with the permit requirements. A continuing authority is not, however, an entity or individual that is contractually hired by the permittee to sample or operate and maintain the system for a defined period, such as a certified operator or analytical laboratory. One can find the regulatory requirement regarding continuing authority at 10 CSR 20-6.010(2). Please visit <https://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c20-6.pdf>.

A continuing authority's name must be listed exactly as it appears on the Missouri Secretary of State's (SoS's) webpage <https://bsd.sos.mo.gov/BusinessEntity/BESearch.aspx?SearchType>, unless the continuing authority is an individual(s), government, or otherwise not required to register with the SoS.

Print or type the applicant's contact information. Include a street address, if available, in addition to the mailing address.

2. **AUTHORIZED REPRESENTATIVE/APPLICATION CONTACT:** Print or type the authorized representative's contact information. If applicable, also note the name of the person to contact about this application if different from the authorized representative. The application contact should be knowledgeable about the application and available during business hours. If you would like information about military-related services in Missouri, please check the box.

Attach a completed Resolution of Governing Body of Applicant form designating the authorized representative for the applicant.

3. **ARCHITECTURAL AND ENGINEERING CONSULTANT:** Please note if the applicant procured engineering services. If yes, provide procurement documentation and print or type the consulting engineer's contact information.
4. **FACILITY INFORMATION:** List the Missouri State Operating Permit numbers for each of the facilities affected by the proposed project, including any satellite systems.

Name any other known permits or authorizations needed to complete this project.

5. **PROJECT DESCRIPTION:** Provide a brief project description and explanation of why it is necessary.

Check the box if the applicant proposes the project to be Design-Build per Section 67.5070, RSMo. A “design-build contract” shall mean any contract that furnishes architecture or engineering services and construction services either directly or through subcontracts. Notify the department early if the proposed project will be Design-Build.

6. **ESTIMATED PROJECT COSTS:** Supply the cost estimates for the project including the date of those estimates. Land acquisition, surface and subsurface easements, places to store equipment and material during construction, land needed to locate eligible projects, and land integral to the project are eligible for funding.
7. **ESTIMATED PROJECT SCHEDULE:** Provide the anticipated dates for the milestones listed. Put N/A in the space if the milestone is not applicable to the project. Attach any compliance schedules, if applicable.
8. **CERTIFICATION:** The applicant’s authorized representative must sign the application and attach any information that will enable the department to evaluate the needs. Make a copy of the completed application for your records. The department will not return incomplete applications.
9. **PREPARER’S NAME AND SIGNATURE (IF APPLICABLE):** Include the information requested for the individual who prepared this application, if different from the authorized representative or applicant

**Application Submittal:**

Submit the completed application and any attachments via email to [fac@dnr.mo.gov](mailto:fac@dnr.mo.gov) (preferred), or mail to:

Missouri Department of Natural Resources  
Financial Assistance Center  
P.O. Box 176  
Jefferson City, MO 65102-0176

**For More Information:**

Missouri Department of Natural Resources  
Financial Assistance Center  
P.O. Box 176  
Jefferson City, MO 65102-0176  
800-361-4827 or 573-751-1192  
FAX: 573-751-9396  
Email: [fac@dnr.mo.gov](mailto:fac@dnr.mo.gov)  
<https://dnr.mo.gov/water/business-industry-other-entities/financial-opportunities/financial-assistance-center>