



# SFY 23 On-stream Impoundment Restoration Fund Grant Application

Applicant Name: \_\_\_\_\_

Applicant Entity Designation:  State of Iowa  County  Municipal Government  Chapter 357E

Applicant is a participant (member) of a corresponding Watershed Management Authority  Yes  No

A Watershed Management Authority (WMA) is a mechanism for cities, counties, Soil and Water Conservation Districts (SWCDs) and stakeholders to cooperatively engage in watershed planning and management. Provide a copy of the Chapter 28E agreement that corresponds with your WMA if applicable.

Designated Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of Funding Requested: \$ \_\_\_\_\_

Amount of Applicant Cash Match Committed: \$ \_\_\_\_\_

In-kind Contributions (toward implementation of grant proposed activities): \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Application must be accompanied by the following (Required):

- Name of the On-stream Impoundment.
- Surface Acres of the On-stream Impoundment.
- Watershed Acres (drainage area of the on-stream impoundment).
- Map. An aerial map(s) identifying the location of the dam, outline of the impoundment surface area, outline of the watershed drainage area.
  - Location(s) and description(s) of public access to the on-stream impoundment.
  - Describe the on-stream impoundment’s current or future capability to support diverse wildlife, fish, and recreational opportunities.
  - Describe the on-stream impoundment’s current or future capability to support aquatic vegetation.

Project Narrative (Narrative should be no more than two pages typed)

Brief description of the project. Clearly outline the concept of the proposed project.

The purpose of on-stream impoundment grant is to fund the maintenance, restoration, and sustainability of eligible water bodies and their related watersheds.

Please describe how your project compliments the designated purpose of the On-stream Impoundment Restoration Fund.

Please describe how your project achieves the following goal(s):

- Ensures a cost-effective, positive return on investment for the citizens of Iowa.
- Ensures local community commitment to watershed protection.
- Ensures significant improvement in water clarity, safety, and quality.
- Provides for sustainable, healthy, and functioning bodies of water.
- Contributes to the Department of Natural Resource’s fish and wildlife conservation plans.

Supporting Materials

**Project Budget**

- Describe project cost breakdowns and purpose of budget line items.
- Clearly identify sources and amounts of cost-share.
- If cost share involves other programs/entities, identify the funding notification and availability dates.

**Project Status and Milestone Schedule**

Provide a project timeline that describes the major milestones of the project. List the task and activity to be accomplished, provide a start date, an end date as well as the group/persons responsible for completing the task.

Project Task / Activity	Start Date	End Date	NA	Group / Person Responsible
below provided as examples				
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Note: Applicant may attach additional Supporting Materials (e.g. map with project location, construction drawings, etc., if needed)

Grant Information

**Eligible Applicant.** Only state of Iowa, county, municipal government, or public entities organized under chapter 357E are eligible to apply.

**Eligible Water Bodies.** On-stream impoundment must meet all of the following criteria.

- Is owned by the state of Iowa, a county, a municipal government, or a public entity organized under chapter 357E.
- Has a surface water area of at least ten acres.
- Has a watershed-to-body of water ratio of not less than two hundred to one and not more than one thousand to one.
- Has a public access.
- Is not used solely as a water supply reservoir.
- Is a multi-use system capable of supporting diverse wildlife, fish, and recreational opportunities.

- Has diverse water depths and is capable of supporting aquatic vegetation.

#### Review, Approval and Funding Availability.

- For State Fiscal Year 2023, there is \$500,000 to award. Any awarded funds must be expended by April 30, 2025.
- A team, using the scoring criteria provided in the application, will review each application. The review team will be comprised of two representatives from the Department of Natural Resources and one representative each from the Iowa Department of Agriculture and Land Stewardship, a County entity, and a Municipality.
- Applications will be reviewed for compliance with the application requirements.
- Applications will be ranked in order from top score to lowest score using the scoring criteria provided in the application. DNR intends to offer grant funding to applicants based on their ranking and available funding.
- Awarded amounts may not equal funding request.
- Funds will be available 2-3 months following application Notification of Intent to Award.
- Funds will be released according to guidelines established in the grant cost-share agreement.
- Project costs incurred prior to an executed agreement, after the ending date of the agreement's Time of Performance, or costs not identified in the agreement budget, are ineligible for reimbursement.

#### Proposal Scoring Criteria (100 points)

- (25 pts) Overall quality of application
- (5 pts) Applicant is a participant (member) of a corresponding Watershed Management Authority
- (25 pts) Project Narrative
- Project Budget
  - (15 pts) Proposal includes nonstate matching funds of at least one dollar for every dollar of state funding
  - (15 pts) Proposal includes funding for watershed improvement practices
- (15 pts) Project Status and Milestone Schedule

**Application Deadline.** Applications are due November 4, 2022 (4:30pm CST).

**Notification of Intent to Award.** DNR will notify applicants by December 31, 2022.

**Application Submittal.** Submit applications or questions by email to [george.antoniou@dnr.iowa.gov](mailto:george.antoniou@dnr.iowa.gov)

#### Grant Agreement Information.

- For funds to be dispersed, the grantee must enter into a grant agreement with the Iowa DNR, which details requirements and commitments your organization will keep (see below provided examples of Grant Agreement Letter and Cost-share Agreement).
- Funds must be applied to intended use by April 30, 2025.

EXAMPLE – Grant Agreement Letter

, IA

Re: On-stream Impoundment Grant

Dear :

Congratulations! Enclosed, please find two copies of a grant agreement for your On-Stream Impoundment Grant awarded by the Department of Natural Resources (DNR). Please carefully review the grant agreement. Your organization must sign both copies of the agreement, return them to my attention and a fully executed copy will be returned to you.

Funding for the attached Grant will be available once the agreement has been signed by both parties. You may receive a 90% advance of the grant amount by sending a letter requesting the advance with your signed agreements.

Please develop a process to retain all grant and expense documentation, which effectively become part of the grant agreement.

If you have any questions, please contact me at 515-721-9231.

Sincerely,

Marissa Sanders  
Budget and Finance Bureau

Enclosures

EXAMPLE – Grant Agreement  
Department of Natural Resources

Grant Agreement- On-stream Impoundment Restoration Fund

Grantee: \_\_\_\_\_

Grantee Contact/Phone #: \_\_\_\_\_

Project Title: \_\_\_\_\_

Grant Award: \_\_\_\_\_

DNR Contact/Phone #: Marissa Sanders 515-721-9231

1. **PURPOSE.** The purpose of this On-stream Impoundment Grant Agreement is to enable the Iowa Department of Natural Resources (the Department) to assist \_\_\_\_\_ (Grantee) to implement the maintenance, restoration, and sustainability of eligible water bodies and their related watersheds.
2. **PARTIES/AUTHORITY.** The parties to this Grant Agreement are the Iowa Department of Natural Resources, an agency of the State of Iowa, and \_\_\_\_\_ (Grantee). The parties make this Grant Agreement under the authority of Iowa Code, Section 456A.33C and Iowa General Assembly appropriation.
3. **GENERAL DESCRIPTION OF PROJECT.** This Grant Agreement is for the project described as:
4. **GRANT AWARD AND REIMBURSEMENTS.** The Department will provide funding as described and agreed to in the grant application up to a maximum amount of \$ \_\_\_\_\_ .
  - a. Sponsors cost sharing funds may include local, private, federal or other state funds. Any claim of grantee cost share, including reasonable in kind contributions, shall be supported through a signed letter from the organization providing the cost share.
  - b. Once actual project costs are ready to be incurred, up to 90% of the award may be advanced by submitting a letter requesting the advance along with the signed agreements to the address below. The remaining 10 percent will be paid upon completion of the project in the final billing. If an advance is not requested, financial assistance will be in the form of reimbursements, with the award paid at the final billing.

Budget & Finance Bureau, Marissa Sanders  
Iowa Department of Natural Resources  
502 E 9<sup>th</sup> St  
Des Moines IA 50319

- c. Final payment will be made when the project is completed and the grantee submits the final project billing along with the following grant requirements:
  - pictures of the completed project;
  - copies of billings and canceled checks for 100 percent of the grant award;
  - contracted development work requires; a copy of the signed contract, pay estimates, and contractor's reimbursement Refund of Sales Tax;
  - final report, to include Project Billing Summary (Attachment A)
  - final report, to include a description of the completed project and efforts made to procure goods and services from Targeted Small Businesses (TSBs).

5. **RESPONSIBILITIES.** The grantee is solely responsible for project completion as outlined in the project proposal. The grantee will make a concerted effort to procure goods and services from Targeted Small Businesses (TSBs) listed at [www.iowai.org/iowa/dia/tsb/](http://www.iowai.org/iowa/dia/tsb/) during the performance of this Grant Agreement. The Department may provide assistance at the request of the grantee, or at the Director's recommendation. The grantee agrees to meet the requirements for construction permits from federal, state and local authorities before constructing their projects. Receipt of state funding does not eliminate the need for appropriate construction permits.
  
6. **AMENDMENTS.** This Grant Agreement may be amended only by written ADDENDA signed and dated by the DNR Director. Requests for amendments may be submitted by email to [george.antoniou@dnr.iowa.gov](mailto:george.antoniou@dnr.iowa.gov).
  
7. **EFFECTIVE DATE/TERMINATION.** This Grant Agreement shall become effective when it has been signed and dated by the Department Director and the grantee. All work specified in the project proposal will be completed by April 30, 2025.
  
8. **AVAILABILITY OF FUNDS:** If funds anticipated for the continued fulfillment of this agreement are at any time not forthcoming or insufficient, either through the failure of the State of Iowa to appropriate funds, or discontinuance or material alteration of the program under which funds were provided, then the Department shall have the right to terminate the agreement without penalty.
  
9. By signing this Grant Agreement, the grantee agrees to the terms and conditions set forth in this agreement, failure to meet the terms and conditions of this grant agreement may be cause for repayment of all or part of the grant funds.

---

Date

---

Kayla Lyon, Director  
Iowa Department of Natural Resources

---

Email Address

---

Grantee Signature

---

Print Name

### Minority Impact Statement

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project

Indicate which group is impacted:

- |  |   |
|--|---|
| <input type="checkbox"/> Women                     | <input type="checkbox"/> Pacific Islanders        |
| <input type="checkbox"/> Persons with a Disability | <input type="checkbox"/> American Indians         |
| <input type="checkbox"/> Blacks                    | <input type="checkbox"/> Alaskan Native Americans |
| <input type="checkbox"/> Latinos                   | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Asians                    |   |

The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this project

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group is impacted:

- |  |   |
|--|---|
| <input type="checkbox"/> Women                     | <input type="checkbox"/> Pacific Islanders        |
| <input type="checkbox"/> Persons with a Disability | <input type="checkbox"/> American Indians         |
| <input type="checkbox"/> Blacks                    | <input type="checkbox"/> Alaskan Native Americans |
| <input type="checkbox"/> Latinos                   | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Asians                    |   |

The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

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

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

## Definitions

“Minority Persons”, as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

“Disability”, as defined in Iowa Code Section 15.102, subsection 5, paragraph “b”, subparagraph (1):

*b.* As used in this subsection:

(1) “*Disability*” means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

“*Disability*” does not include any of the following:

- (a) Homosexuality or bisexuality.
- (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
- (c) Compulsive gambling, kleptomania, or pyromania.
- (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

“State Agency”, as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.



SAMPLE  
 Attachment A  
 Department of Natural Resources  
 Final Project Billing Summary

**For Program:** On-stream Impoundment Restoration Fund

The final project billing (10%) must be accompanied by all required documentation (invoices, canceled checks, deeds, etc.) covering 100% of the grant expenditures. If you have questions, please contact the Budget & Finance Bureau at 515-721-9231. Make additional copies as needed.

Grant Recipient: \_\_\_\_\_ Grant #: \_\_\_\_\_

Project Title: \_\_\_\_\_ Billing #: \_\_\_\_\_

Use the table below to list your budget items, budget amount and total expenditures for each item.

Budget Item	Budget Amount	Expenditures This Billing	"To Date" Item Expenditures
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Totals	_____	_____	_____
Less Expenditures In Excess of Total Authorized Project Budget:			_____
Total "To Date" Expenditures:			_____
Claim request ( % of "to date" expenditures):			_____
less previous payments of:			_____
total claim to be paid:			_____

I certify that this billing is correct and just based upon actual payment(s) of record by the grant recipient, and that the work and services are in accord with the approved grant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Federal ID #: \_\_\_\_\_