| 5 | TUS |
|---|-----------------|
| CUSTOMER (Ity of Meta DATE) | |
| ADDRESS 400 HWY 33 CMy Park M | era mo |
| 573-229-4439 | 6152 |
| CALL TO THE STATE OF THE STATE | |
| FEELER TREE SERVIC | |
| TRIMMING - TOPPING - REMOVAL - STUMP G 33449 HWY 28 WEST • BELLE, MO 65013 | |
| JIM ROBERTSON - OWNER | |
| HOME: (573) 859-3798 BUSINESS CELL: (573) 422-9858 • CELL: (573) 86 | 64-2759 |
| | D. # 20-5853074 |
| DESCRIPTION | TOTAL |
| Cut drum, 3 clm trees | 150 00 |
| Orem up brush | 400 00 |
| Vemale word | 400 00 |
| goston grind stump \$ 125 per | |
| e U Itoria | |
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| total | 1550 00 |
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| Life to Albinous | |
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| www.feelertree.net | |

Follow us on Facebook https://www.facebook.com/FeelerTree





MISSOURI DEPARTMENT OF NATURAL RESOURCES FINANCIAL ASSISTANCE CENTER

LEAD SERVICE LINE FUNDING APPLICATION

| 1. APPLICANT INFORMATION | | | | | No. | |
|--|-----------------|---------------|----------------------------|--------------|--------------------|-------------|
| PUBLIC WATER SYSTEM NAME PUBLIC WATER SYSTEM ID NO. | | | O. POPULATION | | UEI NO. (Required) | 34 |
| Meta PWS MO3013517 | | 180 | | EKPNGHB | 8LVJ5 | |
| PUBLIC WATER SYSTEM CONTACT FOR THIS DRINKING WATER PROJECT | | | TITLE | | | |
| Deidra Buechter | | | City Clerk | | | |
| MAILING ADDRESS | MAILING ADDRESS | | | | | |
| 101 S Locust St. | | | | | | |
| CITY | | STATE | ZIP CODE | | COUNTY | |
| Meta | | MO | 65058 | | Osage | |
| | | EMAIL ADDRE | | | | |
| (573) 229-4439 | | cityofmetam | yofmetamo@outlook.com | | | |
| APPLICATION PROJECT TYPE (check all that apply): | d Contine I | ino Plannin | a & Docian 🔲 Load | Service I | ine Renlacement | |
| ☐ Lead Service Line Inventory ☐ Lea OPTIONAL QUESTIONS REGARDING MILITARY SERVICE (§42 | | ine Planning | y a Design in Lead | Selvice L | ine Replacement | |
| a) Have you or an immediate family mem | | | U.S. Armed Forces? | ∃ Yes | ⊠ No | |
| b) If yes, would you like information about | | | | ∃ Yes | ⊠ No | |
| 2. GENERAL INFORMATION | | | | | | |
| Population Served: | | | Number of Service Connecti | ons: | | |
| 180 | | | 85 | | | |
| Current Monthly User Charge for 5,000 gallons: | | | Median Household Income of | of Service / | Area | |
| \$ 55.81 | | | \$ 36,250.00 | | | |
| Unemployment Rate (Percentage) | | | Percentage of Households B | Below Pove | erty Level | |
| 6.70% | | | 13.20% | | | |
| 3. ESTIMATED PROJECT COST INFORMA | TION | | | | | |
| Please include an estimated Project Cost for each | project type | applying for: | | | | |
| I. Lead Service Line Inventory | | | | | \$ | |
| II. Lead Service Line Replacement Plan | | | | | \$ 25,000.00 | |
| III. Lead Service Line Replacements | | | \$ 80,000.00 | | \$ 80,000.00 | |
| Total Project Cost \$ 105,000.00 | | | | | | |
| 4. PROJECT SCHEDULE (if applicable) | 100 | | And the second | | | 5.70 |
| MILESTONE | | | ANTICIPATED DATE | | | |
| A. Lead Service Line Inventory Completion Date | | | 12/31/2023 | | | |
| B. Lead Service Line Replacement Plan Completion Date | | | 5/31/2024 | | | it is |
| C. Lead Service Line Replacement Construction Start Date | | | 7/1/2024 | | | |
| D. Lead Service Line Replacement Construction End Date | | | 12/31/2024 | | | |
| 5. PROJECT DESCRIPTION | | | | | | |
| Creating LSLI replacement plan and details. Replacing all applicable service lines deemed from replacement plan. | | | | | | |
| Crowning 2021 replacement plant and detailed replacement 2011 and addition replacement plant | | | | | | |
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| MO 780-3017 (04/23) | | | | | | PAGE 1 OF 2 |

| authorization attached). The authorized representative c to the best of his/her knowledge and that he/she is authorized representative c | cumenting the authorization of the authorized representative (sample ertifies that the information submitted in this application is true and correct orized to sign and submit this application. The applicant agrees, if a loan is all applicable rules and regulations of the Department of Natural Resources complete applications will be returned. |
|--|---|
| SIGNATURE OF AUTHORIZED REPRESENTATIVE | May 10, 2023 |
| NAME AND OFFICIAL TITLE (TYPE OR PRINT) | TELEPHONE NUMBER WITH AREA CODE |
| Emily Sommerer - Mayor | (573) 229-4439 |
| PREPARER'S NAME AND SIGNATURE (IF APPLICA | BLE) |
| SIGNATURE OF PREPARER, | DATE |
| Blake William | 5/5/2023 |
| NAME AND TITLE (PRINT OR TYPE) | TELEPHONE NUMBER WITH AREA CODE |
| Blake Wilbers - Project Engineer | (573) 690-8393 |
| MAIL OR EMAIL (PREFERRED) 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 | |

MO 780-3017 (04/23)

fac@dnr.mo.gov

CERTIFICATION

PAGE 2 OF 2

Lead Serve Line Funding Application Instructions for Form

1. **Applicant Information:** Print or type the applicant information. Include a street address if available. The applicant is the entity that will receive the funds, if awarded. The contact noted on the application should be knowledgeable about the application and able to be contacted during business hours.

Prior to receiving funding assistance, the entity must have a SAM.gov Unique Entity Identifier (UEI) and the UEI must be included on the application. Applicants may obtain a UEI at no cost from the System for Award Management (SAM) website: https://www.sam.gov/SAM/. Should you need assistance with this process, call the toll-free help desk at 1-866-606-8220 or learn more at https://www.fsd.gov/gsafsd_sp. Applicants who have a prior enrollment with SAM.gov should only have to log into their account to obtain their UEI. Applicants must attach a screenshot/printout of the SAM.gov website showing the applicant's UEI to this Drinking Water State Revolving Fund (DWSRF) application

The authorized representative is the person designated by the application to sign official documents and to speak on behalf of the applicant on project related matters.

Fill in a telephone number that will be answered during work day hours.

2. **General Information:** Provide the population of the entire service area to be funded with this project along with the number of service connections.

Provide the current monthly user rate for a 5,000 gallon user.

Provide the Median Household Income, Unemployment Rate, and Percentage of Households Below Poverty Level based on the most recent 5-year American Community Survey.

- 3. **Estimated Project Cost Information:** Provide the estimated Project costs for each type of project activity for which is being applied.
- 4. **Project Schedule:** Please provide an estimated project schedule. Reminder, all Lead Service Line Inventories must be submitted to the Department by October 16, 2024.

Incomplete Applications Will Be Returned

- Sign the application; attach any additional information that will enable the department to prioritize your project needs.
- Make a copy of the completed application for your records.
- Mail the completed applications to the address below or email an electronic application to fac@dnr.mo.gov.

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 fac@dnr.mo.gov 800-361-4827 or 573-751-1192 FAX: 573-751-9396

www.dnr.mo.gov/env/wpp/srf/index.html

Procurement of Lead Service Line Inventory Services Certification Form

| Grant Recipient Name: City of Meta | | | |
|--|--|--|--|
| ARPA Project No.: DNR-U-9064C89B8A06 | | | |
| Federal Law (2 C.F.R. Part 200 Subpart D Procurement Standards) requires that federal funding recipients must have and use documented procurement procedures, consistent with State, local, and tribal laws and regulations and the standards of this section, for the acquisition of property or services required under a Federal award or sub-award. The non-federal entity's documented procurement procedures must conform to the procurement standards identified in §200.319 through 200.321. | | | |
| The Missouri Department of Natural Resources' Financial Assistance Center intends applicants seeking financial assistance to use this form to document that proper procurement of lead service line inventory services has occurred. | | | |
| Applicants are required to certify all of the following: | | | |
| Published the Request for Proposals (RFP) in a local paper and directly solicited firms when possible. Allowed at least 30 days for the solicitation period. RFP attached | | | |
| Evaluated the proposals including price using a consistent scoring system and selected a firm based on said proposals. — N/A | | | |
| Used a documented procurement procedure consistent with State, local, and tribal laws and regulations and the standards identified in 2 C.F.R. §200.319 through 200.321. – N/A | | | |
| Emily Sommerer, Mayor Name and Title of Authorized Representative (Please Print or Type) | | | |
| Signature of Authorized Representative Date 10, 2023 | | | |

Last Revised: March 17, 2022



United States ENVIRONMENTAL PROTECTION AGENCY Washington, DC 20460

OMB Control No. 202/ -/ / 1/ Approval expires 06/30/2024

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2030-0020). Responses to this collection of information are required to obtain an assistance agreement (40 CFR Part 30, 40 CFR Part 31, and 40 CFR Part 33 for awards made prior to December 26, 2014, and 2 CFR 200, 2 CFR 1500, and 40 CFR Part 33 for awards made after December 26, 2014). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information unless to be 0.25 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

DNR-LI-9064C89B8A06 ARPA Project Number

CERTIFICATION REGARDING LOBBYING

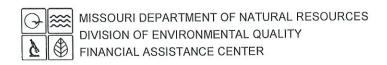
CERTIFICATION FOR CONTRACTS, GRANTS, AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31 U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

| Emily Sommerer | Mayor |
|----------------------------|------------------------|
| yped Name & Title of Auth | norized Representative |
| | |
| | |
| | |
| | |
| Signature and Date of Auth | orized Representative |



Certification Regarding Debarment and Suspension

| | | di diffication itegaranis D | | aspension |
|---------|--|---|---|--|
| Applica | ant Name: | City of Meta | | |
| | Name: | Lead Service Line Inventory | | |
| Project | | DNR-LI-9064C89B8A06 | SAM.gov UEI No.: | EKPNGHB8LVJ5 |
| The pro | ospective pa | articipant certifies to the best of its | knowledge and belief | that it and its principals: |
| a) | Are not provoluntarily entity; | esently debarred, suspended, propo excluded from covered transaction | osed for debarment, de ns by any government | clared ineligible, or al (federal, state, or local) |
| b) | judgment i 1) 2) | vithin a three-year period preceding rendered against them for: Commission of fraud or a criminat to obtain, or performing a public (a public transaction; Violation of federal or state antity Commission of embezzlement, the records, making false statements, | al offense in connection (federal, state, or local cust statutes relating to left, forgery, bribery, f | n with obtaining, attempting) transaction or contract und the submission of offers; or alsification ordestruction of |
| c) | Are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with, commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and | | | |
| d) | | ot, within a three-year period preceding this certification, had one or more public tions (federal, state, or local) terminated for cause or default. | | |
| | rstand that a | a false statement on this certification award. | on may be grounds for | rejection of this proposal o |
| ■ I a | m able to co | ertify to the above statements. | | |
| I a | m unable to | certify to the above statements an | nd attached my explana | ation. |
| Emi | ily Som | merer | Mayor | |
| Typed | Name of A | authorized Representative | Title of Authorized R | epresentative |
| Cional | of Aut | parized Depresentative | May 10, 2023 | 3 |
| Signat | lure of Autr | orized Representative | Date | |



Certification Regarding Debarment and Suspension Instructions

The Missouri Department of Natural Resources receives assistance from the federal government, and the funds provided to a community constitute a sub-agreement. Accordingly, each prospective recipient of a grant, loan, or cooperative agreement and any contractor or subcontractor must agree to fully comply with Executive Order 12549, 2 C.F.R. Part 180, and 2 C.F.R. Part 1532 regarding Debarment and Suspension.

"Principals," for the purposes of this certification, means officers; directors; owners; partners; and persons having primary management or supervisory responsibilities within an entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions).

The prospective grant, loan, or cooperative agreement recipient should return the signed certification, and explanation if needed, with its application to:

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

Or email to fac@dnr.mo.gov.

The recipient of funding should also obtain a certification from their consulting engineer and prime contractor. The funding recipient shall also check the status on the System for Award Management (SAM) located on the Internet at https://www.sam.gov/portal/public/SAM/.

Each prospective subcontractor should submit a completed certification or explanation to the prime contractor for the project.

BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION, AND AFFIDAVIT OF WORK AUTHORIZATION

BUSINESS ENTITY CERTIFICATION:

The bidder/contractor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

BOX A: To be completed by a non-business entity as defined below.

To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/xprevprot/programs/gc 1185221678150.shtm.

To be completed by a business entity who has already submitted documentation with a notarized date on or after September 1, 2009, to a Missouri state agency including Division of Purchasing and Materials Management.

Business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A – CURRENTLY NOT A BUSINESS ENTITY

| I certify that MEET the definition of a business essection 285.530, RSMo as stated above below) I am a self-employed in The company that I repsubdivision (17) of sub | e, because: (check the adividual with no emp present utilizes the serv | applicable business status that applies loyees; OR rices of direct sellers as defined in |
|---|---|--|
| | Individual Name) is (Bid/SFS/Contra to become a businese RSMo then, prior to (Company/Individing In Box B and provides | s entity as defined in section 285.525, the performance of any services as a dual Name) agrees to complete Box B, le the(insert agency |
| Authorized Representativ (Please Print) | ve's Name Auth | orized Representative's Signature |
| Company Name (if appli | cable) Date | |

BOX B – CURRENT BUSINESS ENTITY STATUS

| I certify that <u>City of Meta</u> (Business Entity Name) <u>MEETS</u> the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530. | | | | |
|---|--|--|--|--|
| | Emily Sommerer Authorized Business Entity Representative's Name (Please Print) | Authorized Business Entity Representative's Signature | | |
| | City of Meta Business Entity Name | May 10, 2023 Date | | |
| | <u>Cityofmetamo@outlook</u> . Com E-Mail Address | | | |
| | business entity, the bidder/contractor must peld check each to verify completion/submission: | rform/provide the following. The bidder/contractor | | |
| Ŋ | Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm ; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein; AND | | | |
| Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the bidder's/contractor's name and the MOU signature page completed and signed, at minimum, by the bidder/contractor and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the bidder's/contractor's name and company ID, then no additional pages of the MOU must be submitted.; AND | | | | |
| ZZI | Submit a completed, notarized Affidavit of W Exhibit. | ork Authorization provided on the next page of this | | |
| | | | | |
| | | | | |
| | | | | |