



Dam Repair Assistance Grant Program Application

PART A. Applicant Information

1. Applicant's Name:

2. Applicant's Street Address:

City:

State:

Zip Code:

3. Applicant's Representative (If applicable):

Title:

4. Contact Phone #:

Contact Email:

5. Applicant is a/an:

Individual

Private Entity

Non-Profit Organization

Other:

PART B. Project Information

6. Dam Name:

7. Dam State ID #:

8. County:

9. Project Description: *(describe the scope of the project)*

10. Describe the dam's deficiencies the proposed project will positively affect:

11. Funding Categories and Project Cost Estimate:

<i>Estimated Grant Funds (State Match)</i>	\$
<i>Estimated Non-State Funds (Recipient Match)</i>	\$
<i>Estimated Value of In-Kind Services (if applicable)</i>	\$
Total Project Cost Estimate	\$

12. Source(s) of Match:

Source	Match
	\$
	\$
	\$

13. Please select all that apply to this project:

Planning has been completed for this project.

All necessary investigations have been completed for this project.

Preliminary Engineering has been completed for this project.

Design Engineering has been completed for this project.

All permits have been obtained and the project is bid-ready.

None of the Above.

14. Application prepared with the assistance of:

(for construction projects, must be a licensed Professional Engineer registered in South Carolina)

Engineer's Name:	
Engineer's Phone #:	Engineer's Email:
Professional Engineer Registration Number:	

15. Submittal Instructions: *(Email Preferred – Return Receipt Requested)*

Via USPS:

Attn: Dam Safety Program - Bureau of Water
SCDES
2600 Bull Street
Columbia, SC 29201

Via Email:

DESresponse@des.sc.gov

16. Statement of Accuracy and Signature:

"I, _____, hereby certify by my signature below that I have reviewed the information contained on this application form and in all supporting documentation submitted herewith – together these documents constitute my/my organization's Dam Repair Assistance Grant Program Application – and I attest that the information is true and accurate to the best of my knowledge and understanding."

Applicant's Signature

Date

Applicant's Name (Please Print.)

Representative's Signature *(if applicable)*

Date

Applicant's Name (Please Print.) *(if applicable)*



Instructions for Completing DES 25-0005

Title, Revision:

Dam Repair Assistance Grant Program Application

Retention Schedule:

17607 - Division of Air Quality Analysis Records

Purpose:

This form is used to gather information concerning projects eligible for funding from SCDES through the Dam Repair Assistance Grant Program, made available through SC Senate Budget Proviso 55.24 (DES: Dam Repair Assistance). This form alone does not constitute a complete application for funding under the Dam Repair Assistance Grant Program. Supporting documentation as described in the SCDES Notice of Funding Opportunity (NOFO) is also required to constitute a complete grant application.

Item by Item Instructions:

1. *Applicant:* Name of the applicant.
2. *Applicant Address:* Mailing address of the applicant.
3. *Applicant Representative and Title:* The name and title of a person employed by the applicant that has signatory authority for the applicant and that may be contacted concerning the proposed project, if applicable.
4. *Contact Phone and E-mail:* Telephone number (or numbers) and e-mail address for the sponsor representative.
5. *Applicant Type:* Select the option that best describes the applicant.
6. *Dam Name:* Provide the primary name used by SCDES for the dam. The name may be obtained by visiting <https://gis.dhec.sc.gov/scdams>
7. *Dam State ID Number:* Provide the State Identification Number assigned to the dam. This number takes the form "D" followed by four numerals. The dam's State ID Number may be obtained by visiting <https://gis.dhec.sc.gov/scdams>
8. *County:* Indicate the county (or counties) in which the proposed project will take place.
9. *Project Description:* Provide a summary of the scope of work and proposed activities to be funded under a grant award from SCDES.
10. *Describe the dam deficiencies this project will positively affect:* Describe what is currently known to be deficient with the dam that causes it to not meet minimum state dam safety standards and pose an unacceptable risk to the public. If the deficiencies are not fully known, describe how the project will attempt to improve understanding of the dam's condition.
11. *Funding Categories and Project Cost Estimate:* Provide a summary of the project costs and a breakdown by funding source: State Grant Funds, Recipient Match Funds, and In-Kind Services (if applicable).
12. *Source(s) of Matching Funds:* Provide the sources of the Recipient Match Funds that the Applicant will utilize to ensure the Recipient's Cost Share requirement is met.
13. *Please select all that apply:* Select the option(s) that best represent the work already completed on this project.
14. *Licensed Professional Engineer Registered in South Carolina:* For construction projects, a licensed Professional Engineer (P.E.) registered by the South Carolina Board of Registration for Engineers and Surveyors must assist with preparing this grant application. Identification of and contact information for the licensed P.E. must be provided.
15. *Submittal Instructions:* Should be self-explanatory.
16. *Statement of Accuracy and Signature:* The Applicant and, if applicable, Applicant's Representative shall certify that all documents submitted to SCDES constituting an application for an award under the Dam Repair Assistance Grant Program has been reviewed and is true and accurate.

Office Mechanics & Filing:

Completed forms become agency records and must be retained in accordance with retention schedule LRC-RS-DRS-6.