



Water Resource Engineering Division

Dane County Land & Water Resources Department

Jeremy Balousek, P.E., Division Manager

Urban Water Quality Grant Agreement - Updated

Agreement No. 2013-02

Section 1: County Information

Contact: Jeremy Balousek
balousek@countyofdane.com
(608) 224-3747

Section 2: Grant Recipient Information

Grant Recipient: City of Madison
Contact: Rob Phillips
Address: City-County Building Rm 115
210 Martin Luther King, Jr. Blvd
Madison, WI 53703

Section 3: Summary of Practice, Cost, Cost Share Amounts and Construction Schedule

Project Name: Starkweather Creek Alum Treatment
Project Location: City of Madison
Project Costs: \$5,566,000
Cost Share: \$1,000,000
Construction Schedule: Constructed and fully functional by the end of 2017.

The project will be implemented as described and detailed to achieve the estimated water quality benefits documented in the grant application. Any changes to project scope that may impact the water quality benefit achieved must be approved prior to implementation.

Section 4: Recipient Obligations

Notification

The grant recipient shall notify the county within the timeframe specified in the event of the following:

1. Cancellation of the Project (7 Days)
2. Commencement of Construction (1 Day)
3. Change in Project Scope (3 Days)
4. Change to Construction Schedule (7 Days)

Documentation

Upon completion of the project, the grant recipient will provide the following documentation:

1. As-built Documentation (including photos, plan drawings and detail drawings)
2. Revised water quality benefit analysis based on as-built condition (TSS and Total P Reduction)
3. Operation and Maintenance Plan

Failure to notify the county or provide the required documentation may result in the project being ineligible for reimbursement.

Please sign and return this agreement to Dane County Land and Water Resources Department by December 30, 2016 to confirm you accept the proposed grant, agree to the terms above and expect to request cost share assistance by December 31, 2017. Please use the attached form to request reimbursement.

Authorized signature _____ Date _____

Printed or typed name _____ Title _____