## Madison Metropolitan Sewerage District

1610 Moorland Road • Madison, WI 53713-3398 • P: (608) 222-1201 • F: (608) 222-2703

October 8, 2018

Community Development Authority, City of Madison c/o Sally Jo Spaeni 702 Braxton Place Madison, WI 35715

Dear Ms. Spaeni,

After reviewing your application for the road salt reduction pilot grant, Madison Metropolitan Sewerage District (MMSD) is pleased to offer you an award to purchase equipment that aids lower rate application and scientific best management practices for winter salt use at pilot sites around the Triangle Low Income Public Housing Projects (sites specified in the grant application). The award will be the full amount of \$5,392.50 requested in your application.

As noted in the grant materials, up to the first 50% of the award will be reimbursed based on an invoice to MMSD for costs incurred. The remainder will be reimbursed when you provide a final report. The report shall include the items noted in your application:

- A copy of your winter maintenance plan (including notes on calibration of equipment)
- Salt application rates and estimated savings
- Photos of the equipment
- Summary of written statements/learnings from employees using the equipment (template provided as part of application)

Please send a signed copy of the enclosed grant acceptance form by email or mail (attn.: Catherine Harris), in addition to a W9 form. As soon as you have purchased your equipment, you may submit an invoice for up to the first 50% of the award.

If you have any questions, please let me know 608-222-1201, ext. 115 and my email is <u>catherineh@madsewer.org</u>.

Thank you for your efforts to improve water quality, and good luck with your project!

Sincerely,

Catherine Harris, Pollution Prevention Specialist Madison Metropolitan Sewerage District

## GRANT ACCEPTANCE 2018 Road Salt Reduction Grants

Madison Metropolitan Sewerage District

I, the undersigned, hereby accept an award of up to \$5,392.50 to purchase equipment to optimize the use of deicing salts as indicated in our application.

By signing this acceptance, I verify all of the following:

- I understand that the grant shall not exceed 50% of the capital costs incurred;
- I understand that the project shall be installed/completed between November 1, 2018 and April 15, 2019;
- I understand that the first 50% of the award (up to \$2,696.25) will be reimbursed based on invoices to MMSD;
- I understand that the remainder of the award will be reimbursed when the grant recipient provides the final reporting information; and
- I am authorized to accept this award on behalf of my organization.

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

Organization: \_\_\_\_\_

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

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