State of Maine
2015 Drinking Water State Revolving Fund

APPLICATION FORM
for Reporting DWSRF Eligible Projects
DEADLINE FOR SUBMITTAL: Friday, September 26, 2014

This and all supporting documentation must be submitted to the **DWSRF Program, 11 State House Station, Augusta, ME 04333-0011**. **A separate form should be completed for each project**. If you have any questions regarding this project submittal process, please contact Norm Lamie at 287-2647 or Nate Saunders at 287-5685. Please indicate all available documentation (comprehensive system or facility plans, alternative analyses, pilot or engineering studies, etc.) that supports the project for which your water system is seeking DWSRF financial assistance.

(For an electronic version of this form visit "Download Documents" on the DWP website at www.medwp.com)

Name of public water system_____PWSID #_____

Name and title of contact person at water system:_____

Address_____Telephone #_____

Town_____State_____Zip Code _____

Telephone #: _____ E-Mail Address: _____

Name and title of person completing this form_____

Address_____

Town_____State_____Zip Code _____

Telephone #: _____ E-Mail Address: _____

1. Current Annual residential water rate (Based upon 2000 ft^3/quarter usage) _____

2. Service Area Median Household Income (MHI) _____

(*Include copy of survey with this application if MHI is from an Independent Income Survey. Surveys must be completed by the application deadline.*)

3. Number of service connections _____

4. Type of water system ☐ Community ☐ Non-Transient ☐ Transient

☐ Public ☐ Private for profit ☐ Private not for profit

5. Does this system have an Asset Management Plan? YES ☐ NO ☐

If yes, software name or type: _____

6. Does this system have a GIS Mapping system? YES ☐ NO ☐

If yes, software name or type: _____

7. Does this system have a Comprehensive Plan (Master Plan)? YES ☐ NO ☐

What year was this plan completed? _____

Is an electronic copy of the plan available? YES ☐ NO ☐

8. Last Water Rate Increase occurred in what year? _____ Percent Increase: _____

9. Project description: (Attach additional pages or map if necessary)

_____
_____
_____
_____

10. Purpose or need for project. Include a discussion of alternatives analysis conducted if you are developing a new source or substantially modifying existing or adding new treatment. The alternatives analysis must include all feasible options including consolidation with other systems. (Attach additional pages if necessary)

_____
_____
_____
_____

11. Is the proposed project a recommendation in a Facility or Master Plan? YES ☐ NO ☐

12. Have plans and specification been started? _____ Percent complete? _____

Design Engineer_____

13. Estimated project schedule: (month/year)

Start of design:_____ Design complete:_____Estimated bid date:_____

Start of construction: _____Construction complete:_____

Water System Construction Grant Program

Estimated DWSRF Project Cost

Public Water System Name:		***PWSID #***
Total Project DWSRF Loan Requested:	***$***	***Cost Breakdown***
1. Development (Include a brief description of each contract)		
	Contract 1	
	Contract 2	
	Contract 3	
2. Preliminary Expenses		
3. Land & Rights		
4. Legal and Administration		
5. Engineering		
	Administration	
	Design	
	Inspections	
	Other Services	
6. Bond Counsel and any Short Term Interest & Financing Expense		
7. Equipment and Miscellaneous		
8. Contingency		
	Subtotal:	$ 0.00
9. DWP Project Management Fee (1% of subtotal)*		$ 0.00
	TOTAL ESTIMATED PROJECT COST	$ 0.00

Applications to or known commitments of funds available from other agencies:

Agency	***Loan or Grant***	***Committed (Y/N)***	***Amount***

Estimate Prepared By:	***Title:***
Date:	***Phone:***