

State of Maine
2016 Drinking Water State Revolving Fund

APPLICATION FORM
for Reporting DWSRF Eligible Projects
DEADLINE FOR SUBMITTAL: Friday, September 25, 2015

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 ft³/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)			
<i>Contract 1</i>			
<i>Contract 2</i>			
<i>Contract 3</i>			
2. Preliminary Expenses			
3. Land & Rights			
4. Legal and Administration			
5. Engineering			
<i>Administration</i>			
<i>Design</i>			
<i>Inspections</i>			
<i>Other Services</i>			
6. Bond Counsel and any Short Term Interest & Financing Expense			
7. Equipment and Miscellaneous			
8. Contingency			
<i>Subtotal:</i>			
9. DWP Project Management Fee (1% of subtotal)*			
TOTAL ESTIMATED PROJECT COST			
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: