



## SMALL PUBLIC WATER SYSTEM EMERGING CONTAMINANT GRANT (SPWSECG)

A qualifying water system may receive up to a \$60,000 grant to cover project costs up to \$50,000 with an additional \$10,000 allotted for engineering fees, for infrastructure projects that are needed to resolve PFAS related contamination issues through the installation of an approved treatment process or consolidation with another regulated public water system. To qualify, all federal and state requirements must be met, as detailed in Appendix B of this document.

**Criteria for eligibility:** Contamination level must either exceed:

|        |   |
|--------|---|
| 20 ppt | combined or alone for: PFOA, PFOS, PFHpA, PFNA, PFDA, and PFHxS |
| 4 ppt  | PFOA  |
| 4 ppt  | PFOS  |

Applications for funding must include a copy of initial and confirmation sample results from a certified laboratory showing PFAS levels exceeding one of the levels listed above.

**Eligible water systems:** All community public water systems (except those regulated by the Public Utilities Commission), and all non-transient, non-community (NTNC) water systems. Examples include mobile home parks, apartment buildings, nursing homes, daycares, and schools. Larger grant opportunities are available for PUC regulated systems through the DWSRF Program.

**Eligible project costs:** Grant funds may be applied to engineering services, contractor labor, materials, equipment, and legal fees associated with implementation of the project. Grant funds may be used for installation of treatment and the construction of an appropriately sized structure to house treatment if adequate space is determined to be unavailable elsewhere within the existing property facilities. Grant funds may also be used for consolidation with another regulated public water system. Grant funding can also cover any interim financing needs by covering the cost of interest on that loan since payment of this grant is done in one payment at the end of the process.

**Non-eligible project costs:** Grants will not be awarded for projects which involve the maintenance of water system infrastructure, maintenance of treatment facilities, or costs that are part of normal system operation (i.e., media replacement). Installation of treatment at individual residences or "under-sink" point-of-use units are not eligible; treatment must be installed at the drinking water source. Grant funds may not be used to purchase or install treatment equipment for non-PFAS related contaminants unless required as a pre-treatment for effective PFAS removal. A water system may not be reimbursed for use of its own equipment or water system employee labor costs, even if the work is in support of an eligible project. Grants will not be awarded retroactively for completed projects.

**Award amount:** Individual grants will be awarded up to \$60,000 total, with \$50,000 available for project costs and \$10,000 for engineering expenses. For a project estimate over \$50,000 (excluding engineering fees), the owner is responsible for paying costs in excess of \$50,000 first, before SPWSECG funds are provided, ensuring the completion of the project. Funding for a project exceeding \$50,000 (excluding engineering fees) may be accomplished by the owner applying to the Maine Municipal Bond Bank for the estimated full project cost, with the

Drinking Water Program providing \$50,000 as principal forgiveness.

For project estimates that exceed \$50,000 (excluding engineering fees) in total cost, if the final project cost is less than expected after the owner has paid funds up-front, and SPWSECG project expenditures total less than \$50,000, then initial costs paid by the owner may be reimbursable, enabling up to the full \$50,000 project expense related principal forgiveness to be provided.

If work exceeds \$50,000 in total cost and the owner must contribute to project cost, the whole project is still required to meet all federal requirements, including any materials or labor procured by outside funding sources.

SPWSECG funds can only pay for construction completed after the date of the SPWSECG project approval provided by the Maine Drinking Water Program.

**Deadline for applications:** Water systems may apply at any time. If more requests for money are received than are allocated for the Small System Emerging Contaminant Grant Program, funds will be made available on a first come first served basis and the ability of the applicant to implement the improvements on a timely basis.

**How to apply:** Submit a SPWSECG application to the Maine Drinking Water Program to obtain approval for the overall project (Appendix A). Following preliminary approval, work with a Consulting Engineer to complete all requirements for award (Appendix B).

In addition to the DWSRF loan application, the Owner must also complete a Drinking Water SRF Application with the Maine Municipal Bond Bank (MMBB). This should occur early in the timeline, shortly after obtaining project preliminary approval. A copy of the MMBB application is available in [Appendix I](#).

Once the grant is in place and the project is approved for construction, work may proceed.

**How to get reimbursed:** A Reimbursement Request Form must be prepared and submitted to the Maine Drinking Water Program. The payment requisition shall include:

1. A Reimbursement Request Form (Appendix H).
2. A summary of expenses and copies of paid invoices for reimbursable costs up to the award amount.
3. Federal compliance documentation.

Prior to payment, a site inspection performed by a DWP representative in attendance with the system's Consulting Engineer is required to verify expenses are being billed as described. For treatment projects, a sample result verifying that PFAS level is now below the State drinking water standard may be required prior to reimbursement.

**How can I get more information?** Contact McKenzie Parker at (207) 557-2255 or e-mail [mckenzie.parker@maine.gov](mailto:mckenzie.parker@maine.gov).

## **APPENDIX A: SPWSECG Application**

## Small Public Water System Emerging Contaminant Grant Application

Please complete this form and return to the Maine Drinking Water Program. Contact McKenzie Parker at (207) 557-2255 or e-mail [McKenzie.Parker@maine.gov](mailto:McKenzie.Parker@maine.gov) with any questions.

PWS Name: \_\_\_\_\_ PWSID: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. **Describe the Project:** *Include brief description of proposed improvements, existing treatment if any, project cost estimate and implementation schedule. Attach additional pages if needed.*

2. **Project Cost:** *Approximately how much money is needed to complete your project?*

3. **Describe any Cost Sharing:** *Will any other source of funds contribute money to fund a portion of the project costs?*

4. **Previous loans/and grants:** *Has this system received previous SRF Project funding?*

5. **Sample results from a certified laboratory indicating both initial and confirmation PFAS levels must be included with this application.** *Attach copies of lab results to this application.*

Initial sample date: \_\_\_\_\_ Initial result: \_\_\_\_\_ Confirmation sample date: \_\_\_\_\_ Confirmation result: \_\_\_\_\_

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

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

**MAIL OR EMAIL  
APPLICATION TO:**

DRINKING WATER PROGRAM  
11 STATE HOUSE STATION  
286 WATER STREET, 3<sup>RD</sup> FLOOR  
AUGUSTA, ME 04333-0011

OR [McKenzie.Parker@maine.gov](mailto:McKenzie.Parker@maine.gov)

## **APPENDIX B: Federal and State Requirements for Award**

To qualify for receipt of a Small Public Water System Emerging Contaminant Grant the project must meet ALL of the below requirements.

### **Oversight by a Professional Engineer**

Due to inherent challenges involved with meeting federal and state requirements for obtaining funding, a Maine Licensed Professional Engineer (P.E.) is required to manage the project. The Consulting Engineer will be responsible for overseeing all aspects of the project including procurement of quote(s), Environmental Review preparation and assistance with a Capacity Review, as needed, Davis-Bacon certified payroll review, AIS requirement implementation, competitive procurement of quotes for materials and services, review and stamping plans/change applications prepared by treatment installers, and payment requisition preparation.

A copy of a signed engineering agreement must be submitted to the DWSRF Project Manager.

Up to \$10,000 of SPWSECG funds are available to pay for engineering services.

For your reference, a list of Maine PE's with experience in the Drinking Water field are including in Appendix C

### **Submittal of Plans & Specifications**

All projects must have plans and specifications stamped and signed by a Maine Professional Engineer. Projects involving treatment changes must be accompanied by a Drinking Water System Change Application. (Application accessible at <https://www.maine.gov/dhhs/mecdc/environmental-health/dwp/fit/documents/DrinkingWaterSystemChangeApplication.pdf> ). Your DWSRF Project Manager must provide written approval of the plans prior to any alterations of the water system taking place.

### **Completion of an Environmental Review**

Every project seeking federal or state funding is evaluated for its potential environmental impacts. An Environmental Determination must be issued prior to any physical modification of a project site and prior to receiving grant funds for the reimbursement of construction costs. The Environmental Review Process for SPWSECG Projects is as follows:

- Step 1: Work with Consulting Engineer to complete a CATEX Environmental Review Worksheet and an Environmental Review Submission Form and submit to your DWSRF Project Manager. The submittal must include project maps and documentation from federal agencies who are required to have an opportunity to review a project receiving federal funds.
- Step 2: Once your DWSRF Project Manager has reviewed your submittal, you will be provided with a Determination Notice which must be published in a local newspaper of community-wide circulation. The Owner must provide their Project Manager with a dated copy of the published notice. There is 15-day public comment period following the date of publication – no alterations may be made to the water system until after this comment period is complete.

The cost of running the newspaper notice is reimbursable by the grant program so keep records of any expenses incurred.

For more information on the Environmental Review process and all necessary forms, Consulting Engineers should reference the latest version of the DWSRF Project Guide, available: <https://www.maine.gov/dhhs/mecdc/environmental-health/dwp/imt/documents/DWSRFprojectGuide.pdf>

### **Completion of a Capacity Review**

A Capacity Review assesses the technical, managerial, and financial capacity of a water system to ensure that they have sufficient capacity. The intent of the Capacity Development Program is to prevent the creation of nonviable public water systems, to identify systems at risk, and to assist systems to acquire, enhance and maintain system capacity. The DWSRF Program may require the Owner to make changes to their proposed project, system operation or management, prior to receipt of a grant, or may condition the grant award as a means of attaining and/or maintaining the required capacities.

Capacity Reviews are conducted by the DWP Capacity Development Coordinator and take place shortly after preliminary grant approval. The Capacity Development Coordinator will reach out directly to the Owner to conduct this review.

### **Payment of Davis-Bacon Wage Rates to all Qualifying Workers**

The Davis-Bacon Act (DBA) was enacted by Congress on March 3, 1931, to assure local workers a fair wage and to provide local contractors a fair opportunity to compete for local federal government contracts. Contractors and subcontractors must pay laborers and mechanics employed directly upon the site of the work at least the locally prevailing wages (including fringe benefits), listed in the Davis-Bacon wage determination in the contract, for the work performed. Locally prevailing wage rates are determined by the US Department of Labor (USDOL). The wage determination for a given project can be found at: <https://sam.gov/content/wage-determinations> by searching the county in which the project is located and the applicable construction type. Projects that involve installation of water treatment in non-municipal settings are considered “Building” construction while installation of water mains are considered “Heavy” construction. The Owner or Consulting Engineer should reach out to their DWSRF Project Manager if there are any questions on what type of construction the project falls under.

Certified Payrolls must be provided to the Consulting Engineer using Department of Labor form WH-347 (Appendix F). The Consulting Engineer should review the payrolls as soon as possible to catch any underpayments in a timely manner. Weekly Payroll Labor Standards Compliance Review forms for each week of work must be included in the Payment Requisition. Forms must be provided for the work performed by the Contractor as well as any Subcontractors. For larger scale projects, labor interviews with the Contractor’s employees are to be conducted by the Consulting Engineer to determine whether the Davis-Bacon wage rates and other labor standards are being fully complied with, and that there is no misclassification of employees.

**EXEMPTION:** If work is to be performed by an owner of a business (i.e., a plumber who owns their own business and is doing the work themselves with no assistance) they do not need to pay themselves the Davis-Bacon Rates and are not required to report their own payroll. The owner-operator must provide a signed Davis-Bacon Owner-Operator Exemption Certification, available in Appendix F.

**EXEMPTION:** If the total project cost (labor + materials) is less than \$2000, Davis-Bacon Wage Rates will not apply.

## **Material Procurement Compliance with American Iron and Steel (AIS)**

The American Iron and Steel (AIS) provision requires Drinking Water State Revolving Fund (DWSRF) assistance recipients to use iron and steel products that are produced in the United States. A certification letter from the product manufacturer must accompany all iron and steel products permanently incorporated into a project. A sample letter is available in Appendix G. For more details, exemptions, and waivers, please see: <https://www.epa.gov/cwsrf/state-revolving-fund-american-iron-and-steel-ais-requirement>.

### **Project Sign**

All projects with funding provided through the SPWSEC Grant are required to display a 6 foot x 4 foot physical sign picturing the official Building a Better America emblem and EPA logo. The sign must be placed in an easily visible location that can be directly linked to the work taking place; confer with your DWSRF Project Manager if there are questions as to an appropriate posting location.

A sign will be provided by the Drinking Water Program; it is the responsibility of the Grant Recipient to display the sign. Signs should be posted a minimum of 1-week prior to work taking place and remain posted for the duration of the project. Signs will be collected during your post-installation/construction inspection.

It is the responsibility of the Grant Recipient to keep the sign protected from loss, theft, or damage. If a sign is not returned or returned in poor condition due to neglect of the Grant Recipient, the cost of a replacement sign will be deducted from the project reimbursement total.

## APPENDIX C: Engineering Resources

### **A. E. Hodsdon Co.**

Waterville, ME  
Tel: 207-873-5164

### **Carpenter Associates**

Old Town, ME  
Tel: 207-827-8001

### **CDM Smith**

Boston, MA  
Tel: 617-452-6638

### **Dirigo Engineering**

Fairfield, ME  
Tel: 207-453-2401

### **Dubois & King, Inc**

Bangor, ME  
Ph: 207-573-4130, ext. 4702

### **Fuss & O'Neill**

Kennebunk, ME  
Tel: 207-363-0669

### **Gartley & Dorsky Engineering & Surveying, Inc**

Camden, ME  
Tel: 207-236-4365

### **Haley Ward**

Bangor, ME  
Tel: 207-989-4824

### **Lowry Engineering, Inc.**

Blue Hill, ME  
Tel: 207-434-9080

### **Sebago Technics, Inc.**

Westbrook, ME  
Tel: 207-856-0277

### **Sevee & Maher Engineers, Inc.**

Cumberland Center, ME  
Tel: 207-829-5016

### **Snowden Consulting**

Oakland, ME  
Tel: 207-649-8568

### **The Water Office Inc**

Bangor, ME  
207-852-1431

### **Woodard & Curran**

Bangor & Portland, ME  
Tel: (800) 945-5492

### **Wright-Pierce Engineers**

Topsham, ME  
Tel: 207-725-8721

*Please note that this is only a partial list provided for reference and is not an official endorsement of these water treatment professionals. Services and prices may vary. Contact information is only as accurate as provided to the Program. You may check the yellow pages of your local telephone directory under "Water Treatment" to find additional water treatment professionals.*



## APPENDIX D: Water Treatment Resources

### A - Z water systems

New Gloucester, ME  
Tel: 207-721-8620

### Aerus

Augusta, ME  
Tel: 207- 622-0125

### Air & Water Quality, Inc.

Ellsworth, ME      Freeport, ME  
Tel: 207-664-5200    Tel: 800-698-9655

### Atlantic Water Solutions

Alfred, ME  
Tel: 800-696-9355

### Dunbar Water

Sanford, ME  
Tel: 1-866-755-7225

### Ever clean water systems

Fairfield, ME  
Tel: 207-341-1001

### Forest Pump & Filter Co., Inc.

Rochester, NH  
Tel: 603-332-9037

### Lowry Systems

Blue Hill, ME  
Tel: 800-434-9080

### Mainely Water LLC

Hampden, ME  
Tel: 207-907-9772

### Norlen's Water Treatment, LLC

Orrington, ME  
Tel: 800-339-7873

### The Water Doctors, LLC

Brunswick, ME  
Tel: 207-443-8080

### Ward Water

Steep Falls, ME  
Tel: 207-675-3272

### Water Treatment Equipment, Inc.

Yarmouth, ME  
Tel: 207-846-5061

*Please note that this is only a partial list provided for reference and is not an official endorsement of these water treatment professionals. Services and prices may vary. Contact information is only as accurate as provided to the Program. You may check the yellow pages of your local telephone directory under "Water Treatment" to find additional water treatment professionals.*

## **APPENDIX E: Davis-Bacon Documents**

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
11 State House Station  
286 Water Street  
Augusta, Maine 04333-0011  
Tel; (207) 287-8016; Fax (207) 287-9058  
TTY: Dial 711 (Maine Relay)

## Davis-Bacon Owner-Operator Exemption Certification

I, \_\_\_\_\_, am the owner-operator of the bona fide business  
*(Owner Name Printed)*  
\_\_\_\_\_ and have been contracted to perform labor on a  
*(Business Name)*  
treatment works project located at \_\_\_\_\_ in the town of  
*(Name of Public Water System)*  
\_\_\_\_\_, Maine. I certify that I own at least 20-percent equity interest in the  
*(Town)*

enterprise in which employed and am actively engaged in its management. I am thereby exempt from Davis-Bacon Act prevailing wage rates per Title 29 CFR 5.2(m). A copy of my business license will be provided to the Maine Drinking Water Program if requested.

I will not have anyone else assist me with the work.

I will have others assist me with the work. They are subject to Davis-Bacon Act prevailing wage rates under the classification of \_\_\_\_\_. Certified payrolls will  
*(Plumber, Electrician, Carpenter, etc.)*

be provided to the Maine Drinking Water Program to validate the prevailing wage rates are met.

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

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

Federal Tax ID Number: \_\_\_\_\_

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No.:1235-0008  
Expires: 07/31/2024

|   |         |
|---|---------|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> | ADDRESS |
|---|---------|

|             |                 |                      |                         |
|-------------|-----------------|----------------------|-------------------------|
| PAYROLL NO. | FOR WEEK ENDING | PROJECT AND LOCATION | PROJECT OR CONTRACT NO. |
|-------------|-----------------|----------------------|-------------------------|

| (1)<br>NAME AND INDIVIDUAL IDENTIFYING NUMBER<br>(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br>NO. OF<br>WITHHOLDING<br>EXEMPTIONS | (3)<br>WORK<br>CLASSIFICATION | OT. OR ST. | (4) DAY AND DATE      |  |  |  |  |  |  | (5)<br>TOTAL<br>HOURS | (6)<br>RATE<br>OF PAY | (7)<br>GROSS<br>AMOUNT<br>EARNED | (8)<br>DEDUCTIONS |                         |       |                     |  | (9)<br>NET<br>WAGES<br>PAID<br>FOR WEEK |
|--|--|-------------------------------|------------|-----------------------|--|--|--|--|--|--|-----------------------|-----------------------|----------------------------------|-------------------|-------------------------|-------|---------------------|--|---|
|  |  |                               |            | HOURS WORKED EACH DAY |  |  |  |  |  |  |                       |                       |                                  | FICA              | WITH-<br>HOLDING<br>TAX | OTHER | TOTAL<br>DEDUCTIONS |  |   |
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|  |  |                               | O          |                       |  |  |  |  |  |  |                       |                       |                                  |                   |                         |       |                     |  |   |
|  |  |                               | S          |                       |  |  |  |  |  |  |                       |                       |                                  |                   |                         |       |                     |  |   |
|  |  |                               | O          |                       |  |  |  |  |  |  |                       |                       |                                  |                   |                         |       |                     |  |   |
|  |  |                               | S          |                       |  |  |  |  |  |  |                       |                       |                                  |                   |                         |       |                     |  |   |
|  |  |                               | O          |                       |  |  |  |  |  |  |                       |                       |                                  |                   |                         |       |                     |  |   |
|  |  |                               | S          |                       |  |  |  |  |  |  |                       |                       |                                  |                   |                         |       |                     |  |   |
|  |  |                               | O          |                       |  |  |  |  |  |  |                       |                       |                                  |                   |                         |       |                     |  |   |
|  |  |                               | S          |                       |  |  |  |  |  |  |                       |                       |                                  |                   |                         |       |                     |  |   |
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|  |  |                               | S          |                       |  |  |  |  |  |  |                       |                       |                                  |                   |                         |       |                     |  |   |

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W.

Date \_\_\_\_\_

I, \_\_\_\_\_  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

\_\_\_\_\_ on the  
(Contractor or Subcontractor)

\_\_\_\_\_ ; that during the payroll period commencing on the  
(Building or Work)

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and ending the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

\_\_\_\_\_ from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

– in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such employees,  
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

– Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |
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|                   |             |

REMARKS:

| NAME AND TITLE | SIGNATURE |
|----------------|-----------|
|                |           |

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR  
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF  
TITLE 31 OF THE UNITED STATES CODE.



State Revolving Loan Fund

**Owner's Davis-Bacon Compliance Report**

Project Name \_\_\_\_\_ SRF Project # C230 \_\_\_\_\_

Project Owner: \_\_\_\_\_

Certified Payrolls Reviewed By: \_\_\_\_\_  
(Printed name of Owner's Representative)

Employee interviews have been conducted in accordance with the contract requirements. Yes  No

Prime Contractor: \_\_\_\_\_

Prime Contractor's Pay Application No: \_\_\_\_\_ (Note: Only one allowed per Compliance Report)

Application Period: From \_\_\_\_\_ to \_\_\_\_\_

**Check one box and sign below:**

- For the application period indicated, there were no certified payrolls reported because there were no workers on the site that were subject to the Davis-Bacon and Related Acts.
- For the application period indicated, the certified payrolls are in compliance with the Davis-Bacon and Related Acts.
- For the application period indicated, the certified payrolls are not in compliance with the Davis-Bacon and Related Acts. A Compliance Report for the corrective action will be submitted ASAP.

**Summary of noncompliant findings and follow up actions needed:**

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\_\_\_\_\_  
Owner's Representative Signature

\_\_\_\_\_  
Date



## **APPENDIX F: AIS MATERIALS**





## From the “Consolidated Appropriations Act, 2014”

H.R. 3547 (PL113-76, enacted 1/17/2014)

### USE OF AMERICAN IRON AND STEEL

“SEC. 436. (a)(1) None of the funds made available by a State water pollution control revolving fund as authorized by title VI of the Federal Water Pollution Control Act (33 U.S.C. 1381 et seq.) or made available by a drinking water treatment revolving loan fund as authorized by section 1452 of the Safe Drinking Water Act (42 U.S.C. 300j–12) shall be used for a project for the construction, alteration, maintenance, or repair of a public water system or treatment works unless all of the iron and steel products used in the project are produced in the United States.

(2) In this section, the term “iron and steel products” means the following products made primarily of iron or steel: lined or unlined pipes and fittings, manhole covers and other municipal castings, hydrants, tanks, flanges, pipe clamps and restraints, valves, structural steel, reinforced precast concrete, and construction materials.

(b) Subsection (a) shall not apply in any case or category of cases in which the Administrator of the Environmental Protection Agency (in this section referred to as the “Administrator”) finds that—

(1) applying subsection (a) would be inconsistent with the public interest;

(2) iron and steel products are not produced in the United States in sufficient and reasonably available quantities and of a satisfactory quality; or

(3) inclusion of iron and steel products produced in the United States will increase the cost of the overall project by more than 25 percent.

(c) If the Administrator receives a request for a waiver under this section, the Administrator shall make available to the public on an informal basis a copy of the request and information available to the Administrator concerning the request, and shall allow for informal public input on the request for at least 15 days prior to making a finding based on the request. The Administrator shall make the request and accompanying information available by electronic means, including on the official public Internet Web site of the Environmental Protection Agency.

(d) This section shall be applied in a manner consistent with United States obligations under international agreements.

(e) The Administrator may retain up to 0.25 percent of the funds appropriated in this Act for the Clean and Drinking Water State Revolving Funds for carrying out the provisions described in subsection (a)(1) for management and oversight of the requirements of this section.

(f) This section does not apply with respect to a project if a State agency approves the engineering plans and specifications for the project, in that agency’s capacity to approve such plans and specifications prior to a project requesting bids, prior to the date of the enactment of this Act.”



**CERTIFICATION BY THE OWNER**  
OF COMPLIANCE WITH THE  
**USE OF AMERICAN IRON AND STEEL LAW**  
enacted on 1/17/2014

*(To be attached to each Utility Construction SRF requisition submitted for payment)*

We, the Owner named, \_\_\_\_\_, having obtained funding from the State of Maine, State Revolving Fund (SRF), for the Utility Construction Project named \_\_\_\_\_, hereby submit to the SRF program, certification from each contractor working on the Utility Construction Project that the use of American Iron and Steel in the construction of the project complies with the law, or that a waiver has been obtained from the U.S. Environmental Protection Agency. Thereby, it is to the best of the Owner's knowledge that the costs being requested with this SRF requisition # \_\_\_\_\_ are in compliance with the Use of American Iron and Steel Law.

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

Attachment: Certification by Contractor



**CERTIFICATION BY CONTRACTOR  
OF COMPLIANCE WITH THE  
USE OF AMERICAN IRON AND STEEL LAW  
enacted on 1/17/2014**

*(To be attached to each Utility Construction payment application)*

We, the Prime Contractor and Subcontractors, as named below, hereby certify that the use of American iron and steel in the utility construction of the Project named \_\_\_\_\_, being requested in the Utility Construction payment application (or invoice) # \_\_\_\_\_ and dated \_\_\_\_\_, complies with the Use of American Iron and Steel Law, or that a waiver been obtained from the U.S. Environmental Protection Agency.

Prime Contractor Name: \_\_\_\_\_

|                       |              |      |
|-----------------------|--------------|------|
| Signature of Official | Printed name | Date |
|-----------------------|--------------|------|

|                           |                              |             |
|---------------------------|------------------------------|-------------|
| <u>Subcontractor Name</u> | <u>Signature of Official</u> | <u>Date</u> |
|---------------------------|------------------------------|-------------|

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

# *Sample Step Manufacturer Certification*

*(Documentation must be provided on company letterhead)*

Date

Company Name

Company Address

City, State Zip

Subject: American Iron and Steel Step Manufacturer Certification

Project Name \_\_\_\_\_

I, \_\_\_\_\_ (company representative), certify that the \_\_\_\_\_ (melting, bending, coating, galvanizing, cutting, etc.) process for \_\_\_\_\_ (manufacturing or fabricating) the following products and/or materials shipped or provided for the project is in full compliance with the American Iron and Steel requirement as mandated in EPA's State Revolving Fund Programs.

Item, Products and/or Materials:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Such process took place at the following location: \_\_\_\_\_ (address)

If any of the above compliance statements change while providing material to this project we will immediately notify the prime contractor and the engineer.

\_\_\_\_\_  
Company representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**APPENDIX G: Maine Municipal Bond Bank's  
Payment Requisitions Form**



**In order to process your payment request the following information is required**

**ACH Authorization Agreement for Payment Requisitions**

**ACCOUNT INFORMATION**

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ (use all 9 digits)      Checking

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

**AUTHORIZATION AGREEMENT**

I (we) hereby authorize the Maine Municipal Bond Bank to initiate entries into the bank account specified above and, if necessary, to electronically debit the account to correct erroneous entries. I certify the account allows these transactions. Furthermore, I certify that the above listed account number accurately reflects the intended receiving account. I agree that ACH transactions comply with all applicable laws. I Certify that I am an authorized signer for the account indicated above and that I have authority to authorize this/these transactions.

WaterSystem Name: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

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

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

*Note: Digital or Electronic Signatures are not acceptable*

**Return completed form with Payment Requisition**

## **APPENDIX H: Reimbursement Request Form**



Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
11 State House Station  
286 Water Street  
Augusta, Maine 04333-0011  
Tel; (207) 287-8016; Fax (207) 287-9058  
TTY: Dial 711 (Maine Relay)

# Small Public Water System Emerging Contaminant Grant Reimbursement Request Form

Public Water System Name: \_\_\_\_\_ PWSID#: \_\_\_\_\_ DWSRF Project Number \_\_\_\_\_

Owner's Contact Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

Date project was inspected by a Drinking Water Program Representative: \_\_\_\_\_

Name of the Inspector: \_\_\_\_\_

I have enclosed documents and/or proof of completion for the following:

- Summary list of eligible expenses and total cost
- Documentation of project's paid expenditures (receipts, invoices, etc.). Payments of grant awards are on a reimbursement basis only.
- AIS Owner Certification, AIS Contractor Certification, **AND** AIS Deminimus Tracking Sheet
- Davis-Bacon Payroll Certifications **AND/OR** Davis-Bacon Owner-Operator Exemption
- The Maine Municipal Bond Bank ACH Authorization Agreement for Payment Requisitions

Upon receipt of the above materials, we will authorize an electronic transfer for an amount up to the awarded sum by the Maine Municipal Bond Bank. All incomplete projects will be closed one year after grant award unless a request for an extension has been submitted in writing to the Drinking Water Program and approved. Submit this completed form, along with supporting documents, to your Project Manager.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Consulting Engineer Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*[For DWP Administrative Use Only]*

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

Approved By: \_\_\_\_\_

Approved Amount: \_\_\_\_\_

## **APPENDIX I: MMBB Form**



**State Revolving Loan Fund**

*Making a Difference  
for Maine Communities*

**DRINKING WATER SRF  
APPLICATION**

***EMERGING CONTAMINANTS***

**STAND-ALONE FUNDING**

Jeremy McDaniel  
SRF Program Officer  
(207) 620-1473  
jmcdaniel@mmbb.com

Kristi Lamoreau  
SRF Program Officer  
207-620-1466  
klamoreau@mmbb.com

127 Community Drive, Augusta, Maine 04330  
(207) 622-9386

# INSTRUCTIONS

**Application instructions:** To obtain the most current version of the SRF - Drinking Water application please visit our website at [www.mmbb.com/applications.aspx](http://www.mmbb.com/applications.aspx).

**Once complete, please:** Email the application to David Welch at the Department of Health and Human Services at [david.welch@maine.gov](mailto:david.welch@maine.gov) and Jeremy McDaniel at the Maine Municipal Bond Bank at [jmcdaniel@mmbb.com](mailto:jmcdaniel@mmbb.com).

Careful completion of the application will contribute to quick processing of your loan request. Please bring to our attention any additional information that is not disclosed in the application or the supporting documentation. If you have any questions or need help completing the application, please call Jeremy McDaniel at (207) 620-1473.

This application shall not constitute a contract or commitment to enter into a contract.

# GENERAL INFORMATION

Name of Applicant:

Mailing Address:

|                         | Primary Contact | Engineer |
|-------------------------|-----------------|----------|
| <b>Name:</b>            |                 |          |
| <b>Title:</b>           |                 |          |
| <b>Telephone:</b>       |                 |          |
| <b>Email:</b>           |                 |          |
| <b>Mailing Address:</b> |                 |          |

**Please provide MMBB with a copy of your contract with the engineer.**

**Status of the Project:**  
 Have you entered into a contract with an engineer?  Yes  No  
 If no, expected date?   
 Population Served:

**Have you obtained all permits and authorizations required for this project? NOTE: DHHS technical staff will provide you with a list of the permits and authorizations needed for your project.**

|                | Yes                      | No                       | Date Obtained | Date Expected |
|----------------|--------------------------|--------------------------|---------------|---------------|
| DHHS           | <input type="checkbox"/> | <input type="checkbox"/> |               |               |
| Local Approval | <input type="checkbox"/> | <input type="checkbox"/> |               |               |
| Other          | <input type="checkbox"/> | <input type="checkbox"/> |               |               |
| Other          | <input type="checkbox"/> | <input type="checkbox"/> |               |               |
| Other          | <input type="checkbox"/> | <input type="checkbox"/> |               |               |

# GENERAL INFORMATION *(continued)*

What is the expected completion date for the project?

**Form of Authorization**     Referendum     Council     Town Meeting     Other

Authorized Amount:    \$  -

Date Authorized:

***Please provide a copy of documents authorizing a financial agreement with the MMBB for funding from the DW SRF program.***

***Please identify each source of funding below.***

| Source of Funds                              |  |
|--|--|
| Amount you are requesting from the Bond Bank | \$ <span style="background-color: yellow; display: inline-block; width: 100px; height: 15px;"></span>          |
| Other Federal grant or loan                  | \$ <span style="background-color: yellow; display: inline-block; width: 100px; height: 15px;"></span>          |
| Other State grant or loan                    | \$ <span style="background-color: yellow; display: inline-block; width: 100px; height: 15px;"></span>          |
| Applicant's share                            | \$ <span style="background-color: yellow; display: inline-block; width: 100px; height: 15px;"></span>          |
| Other funding source                         | \$ <span style="background-color: yellow; display: inline-block; width: 100px; height: 15px;"></span>          |
| Other funding source                         | \$ <span style="background-color: yellow; display: inline-block; width: 100px; height: 15px;"></span>          |
| <b>Total Source of Funds</b>                 | <b>\$ <span style="background-color: yellow; display: inline-block; width: 100px; height: 15px;"></span> -</b> |

# STATEMENT OF DEFAULT

We hereby certify that (applicant)  has not defaulted on any payment of principal and/or interest. If default has occurred, please provide details on a separate page.

Is the applicant under any regulatory or court compliance order?  Yes  No

If yes, please describe on a separate page, including issuance and compliance requirement date.

**Any material facts that amplify the financial effect on the community, not requested in this application, should be noted here:**

The facts and representations in this application are from the official records of this unit and are correct in all material aspects to the best of our knowledge.

**Chief Administrative Officer:**

Print Name

Title

Signature

**Treasurer:**

Print Name

Signature

Date