

**APPLICATION FORM  
FOR DWSRF ELIGIBLE PROJECTS  
STATE OF MAINE**

**2020 DRINKING WATER STATE REVOLVING FUND**

**\*\*DEADLINE FOR SUBMITTAL: Friday, September 27, 2019\*\***

This application 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 Bill Dawson at 287-6196 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 the "Drinking Water State Revolving Fund (DWSRF)" page on the Maine Drinking Water Program (DWP) website at [www.medwp.com](http://www.medwp.com). Please note: Electronic submissions must be received by DWP before 5:00 pm on Friday September 27, 2019. Paper applications must be hand delivered (before 5:00 pm) or postmarked by September 27, 2019 to be considered for funding in 2020.

Name of Public Water System (PWS): ..... \_\_\_\_\_

PWSID #: ..... \_\_\_\_\_

Name and Title of Contact Person at PWS: ..... \_\_\_\_\_

Street Address: ..... \_\_\_\_\_

Town: ..... State: ..... Zip Code: \_\_\_\_\_

Telephone #: ..... E-Mail Address: ..... \_\_\_\_\_

Name and title of person completing this form: ..... \_\_\_\_\_

Street Address: ..... \_\_\_\_\_

Town: ..... State: ..... Zip Code: \_\_\_\_\_

Telephone #: ..... E-Mail Address: ..... \_\_\_\_\_

1. Current Annual residential water rate (Based upon 2,000 ft<sup>3</sup>/quarter usage): \_\_\_\_\_
2. Service Area Median Household Income (MHI)<sup>1</sup>: \_\_\_\_\_
3. Number of service connections: ..... \_\_\_\_\_
4. Population Served (#3. X 2.5): ..... \_\_\_\_\_

5. Type of water system (More than one may apply):

- |                                    |                          |
|------------------------------------|--------------------------|
| Community: .....                   | <input type="checkbox"/> |
| Non-Transient Non-Community: ..... | <input type="checkbox"/> |
| Transient: .....                   | <input type="checkbox"/> |
| Public: .....                      | <input type="checkbox"/> |
| Private for profit: .....          | <input type="checkbox"/> |
| Private not for profit: .....      | <input type="checkbox"/> |

6. Does this system have an Asset Management Plan?: ..... YES:  NO:

If yes, software name or type: ..... \_\_\_\_\_

7. Does this system have a GIS Mapping system? ..... YES:  NO:

If yes, software name or type: ..... \_\_\_\_\_

8. 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:

9. Last Water Rate Increase occurred in what year? \_\_\_\_\_ Percent Increase: ..... \_\_\_\_\_

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

11. Purpose or need for project. Please indicate if this project is intended to address known compliance and/or public health issues. Include a discussion of alternatives analysis conducted if you are developing a new source or if the project will include substantial treatment modifications or adding new treatment. The alternatives analysis must include all feasible options including consolidation with other systems. (Attach additional pages if necessary. Attach supporting documentation):

12. Is this project recommended in a Facility or Master Plan? YES:  NO:

13. Have plans and specifications been started? ..... YES:  NO:

Percent complete? ..... \_\_\_\_\_ %

Design Engineer: \_\_\_\_\_

14. Will other sources (State or Federal funding agencies, or other) be used to co-fund this project with DWSRF funds? YES:  NO:

15. Estimated project schedule (Date Mo./Yr.):

Start of design: ..... \_\_\_\_\_

Design complete: ..... \_\_\_\_\_

Estimated bid date: ..... \_\_\_\_\_

Start of construction: ..... \_\_\_\_\_

Construction complete: ..... \_\_\_\_\_

Estimated % of Design complete at time of submitting this application: .... \_\_\_\_\_

**NOTES**

1. Include copy of survey with this application if MHI is from an Independent Income Survey. Surveys must be completed by the application deadline. MHI Data can be found at the link on the cover letter.

**ESTIMATED DWSRF PROJECT COSTS**

Public Water System Name: \_\_\_\_\_ PWSID #: \_\_\_\_\_  
 Project Title: \_\_\_\_\_  
 Total Project DWSRF Loan Requested: \$ \_\_\_\_\_

1. Construction (Include a brief description of each contract):	<u>Cost Breakdown</u>
Contract 1:	\$ _____
Contract 2:	\$ _____
Contract 3:	\$ _____
2. Preliminary Expenses (Studies):	\$ _____
3. Land & Rights:	\$ _____
4. Legal and Administration:	\$ _____
5. Engineering:	
Administration:	\$ _____
Design:	\$ _____
Inspections:	\$ _____
Other Services:	\$ _____
6. Bond Counsel and any Short-Term Interest & Financing Expenses:	\$ _____
7. Equipment and Miscellaneous:	\$ _____
8. Contingency (Not to Exceed 20%):	\$ _____
Subtotal:	\$ _____ 0
9. DWP Project Management Fee (1% of subtotal)*	\$ _____ 0
<b>TOTAL ESTIMATED PROJECT COST:</b>	<b>\$ _____ 0</b>

Name and title of person preparing this estimate: ..... \_\_\_\_\_  
 Date Prepared: ..... \_\_\_\_\_  
 Street Address: ..... \_\_\_\_\_  
 Town: ..... State: ..... Zip Code: .. \_\_\_\_\_  
 Telephone #: ..... E-Mail Address: ..... \_\_\_\_\_