

2010 Drinking Water State Revolving Fund (DWSRF) Application Form

Instructions

- It is important that you read and understand the revised 2010 DWSRF Guidelines before you complete this application form. You can download the guidelines at http://www.doh.wa.gov/ehp/dw/our_main_pages/dwsrf.htm
- Do not modify this form to change the font size, margins, or any other pre-set formatting.
- If you want Affordability Bonus Points, you must submit documentation with your application of your water system's current average annual water rates (such as rates identified in the Water System Plan, Small Water System Management Program, or rates officially approved and adopted by the water system board or commission).
- The application consists of the following:
 - This form, signed and dated
 - Affordability Bonus Points documentation (if you choose to apply for these points)
 - The EZ1 and EZ2 forms (the first step in completing the required environmental and cultural review process if you get funded)
 - Your metering exemption request letter, if applicable

Applicant Information						
Applicant Organization						
Water System Name				PWSID#		
Address						
City		State		Zip Code		County
Phone			Email			
Contact Name				Contact Phone		
Project Information						
Project Name:						
Project Description:						
Describe public health need for the project:						

Describe compliance need for the project:

Describe other needs for the project:

Describe the “green infrastructure” elements of this project (be as detailed and specific as possible):
(Note - “green infrastructure” is defined as infrastructure construction that results in water use efficiency, energy efficiency , or that uses innovative approaches to achieve environmental protection)

Project Scope of Work (list what you will do, along with schedule)		Loan Request (Costs)	
What	When	What	How much
		Engineering Report (Preliminary Engineering)	
		Environmental/Cultural Review	
		Land/Right-of-Way Acquisition	
		Permits	
		Public Involvement/Information	
		Bid Documents (Design Engineering)	
		Construction	
		DOH Review/Approval Fees	
		Contingency:	
		Other Fees: (Sales or Use Taxes)	
		Service Meters (Purchase and Installation)	
		Audit Costs	
		Other (describe):	
		Other (describe):	
		Other (describe):	
		Other (describe):	
		Other (describe):	
DWSRF Funding Request TOTAL			
Loan Fee (1% of the Total)			
TOTAL FUNDING REQUEST (add the two lines above)			

Additional information about your project (please refer to the guidelines). This information is not scored. It is

Applicant requests consideration for loan forgiveness or a lower interest rate (see guidelines). You must be prepared to provide documentation that your community is low-moderate income using either Census 2000 data or an independently-conducted income survey).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Applicant requests retroactive funding (see guidelines for eligibility requirements).	<input type="checkbox"/> YES <input type="checkbox"/> NO

Is your project located in a distressed county? (see Appendix C of the guidelines)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this a water system restructuring/consolidation project that will result in a change in ownership?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a current DOH approved Water System Plan or Small Water System Management Program that includes the proposed project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your engineering and design work completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you submitted the required construction documents and project report to your DOH regional office? (You must coordinate with your DOH Regional Office to determine if these documents are required for your project)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you secured any required easements and right-of-way?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have sufficient water rights for your project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have source meters on all existing water sources?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the water system have service meters on all existing services? (If no, your project must include service meter installation – see guidelines for more information).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the project include service meter installation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you asking for a service meter exemption? (see guidelines for eligibility) If so, attach metering exemption request letter to application.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you be using any other funding sources for your project? If yes, please list funding sources and amounts:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Funding Source:	Amount:
Funding Source:	Amount:
Funding Source:	Amount:
Do you want to be considered for Restructuring Bonus Points? (see guidelines) If yes, list the names and PWSID #'s for each system being taken over and restructured.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	PWSID#:
Name:	PWSID#:
Name:	PWSID#:
Name:	PWSID#:
Name:	PWSID#:

Do you want to be considered for Regional Benefit Bonus Points? If yes, list the names and PWSID #'s for each water system that will directly benefit from the project.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	PWSID#:	
Name:	PWSID#:	
Name:	PWSID#:	
Name:	PWSID#:	
Name:	PWSID#:	

Signature of Authorized Official

Date

(Consultants are not authorized to signed – signature must be water system owner or water system board member)

Print, sign, and send four (4) copies (unbound) postmarked by March 1, 2010 to:

**Eloise Rudolph
 Department of Health
 Office of Drinking Water
 PO Box 47822
 Olympia, WA 98504-7822**

Be sure to include in your application the required EZ1 form (and EZ2 form if applicable), along with the required map. We will not accept e-mailed applications. You may mail or deliver the application by March 1.

If you need any help with this form, please contact Eloise Rudolph at (360) 236-3124 or by e-mail at dwsrf@doh.wa.gov

The Department of Health is an equal opportunity agency. For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388). This and other forms are available at <http://www.doh.wa.gov/ehp/dw>