

State Fiscal Year 2025

Public Water System (PWS) Name _____

PWSID (CTXXXXXXX) _____

**State of Connecticut – Department of Public Health
Drinking Water State Revolving Fund (DWSRF) – Project Eligibility Application**

Please note this is not an application for a loan.

Name/title of the project:	
Full Legal Name of Loan Recipient (if different from PWS name)	Unique Entity ID (via SAM.gov)
	Federal Employer ID Number (FEIN)
Authorized PWS Representative	
Name:	Title:
Mailing Address:	
Phone (w/ ext.):	Cell:
Email:	
Project Contact Person (If different than the Authorized Representative)	
Name:	Title:
Mailing Address:	
Phone (w/ ext.):	Cell:
Email:	

WATER SYSTEM TYPE AND SERVICING

System Type: <input type="checkbox"/> Community PWS <input type="checkbox"/> Non-Profit Non-Community PWS <input type="checkbox"/> Other (explain)
Is this PWS a Not-for-Profit water company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach the completed form
Is this a municipality-owned PWS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the Municipal Plan of Conservation and Development current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total population served by water system: _____
Population to be served by the affected area of the proposed project (see instructions): _____
Total number of service connections supplied by the water system: _____
Number of service connections supplied by the affected area of the proposed project (see instructions): _____
Will this project provide water service to additional service connections not already being supplied by this PWS? <input type="checkbox"/> Yes (answer questions below) <input type="checkbox"/> No (move on to PURA question)
a) Will this project consolidate or interconnect an existing PWS? <input type="checkbox"/> Yes (complete Public Water System Consolidation Form) <input type="checkbox"/> No
b) Will this project serve homes with private wells that have water quality (approach/exceed MCL or Action Level) or quantity issues? <input type="checkbox"/> Yes (complete Private Well Consolidation Form) <input type="checkbox"/> No
c) Other situation not covered by a) or b): <input type="checkbox"/> Yes (please attach explanation) <input type="checkbox"/> No
Is the PWS regulated by the DEEP Public Utilities Regulatory Authority (PURA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please note that you may be required to submit the appropriate financial and Construction Work in Progress (CWIP) documentation prior to a funding award.

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PROJECT COSTS - AMOUNT OF DWSRF REQUEST

Estimated Total project cost:	\$		
Estimated Total amount requested from DWSRF:	\$		
Estimated amount from other sources:	\$		
Identify other funding sources:			
Basis of Estimate:			
Breakdown of DWSRF request: (check all that apply)	Anticipated Procurement Date (month & year)	Anticipated Contract Execution Date (month & year)	Estimated Amount from DWSRF
<input type="checkbox"/> Feasibility Study/Preliminary Engineering or Other Planning			\$
<input type="checkbox"/> Final Design			\$
<input type="checkbox"/> Construction			\$
Does this amount include: (check all that apply)	<input type="checkbox"/> Construction Oversight	<input type="checkbox"/> Easement	
	<input type="checkbox"/> Closing Costs	<input type="checkbox"/> Contingencies	
Have you retained an engineering firm or consultant for any work associated with this project? If yes, list services: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any contract executed without prior DPH approval is not eligible for DWSRF funding.			

PROJECT DESCRIPTION

Provide a brief description (summary) of your project. Also explain the impact this project will have on the water system. If possible, please include an approximate age of the current infrastructure in your description. (Attach a separate sheet if necessary):

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PROJECT LOCATION & ENVIRONMENTAL CONSIDERATIONS

Please identify the physical location or address of the project. **Attach a scaled map showing the project location, and other pertinent environmental information (i.e. Flood ways, 100 and 500 year flood areas, DEEP's Natural Diversity Database, etc.)** If available, please provide the GPS coordinates of the project location. For a water main, provide the start and end points.

Identify any known potential obstacles that could prevent or delay this project from moving forward, including environmental considerations.

PROJECT BENEFITS AND AREA OF IMPACT

Attach a scaled map to show the water service area served by the PWS that will be directly impacted by the water system improvement proposed in this project application (i.e. service areas, street maps, etc.).

Attach a map showing the census tracts that the project area impacts using the US Census Bureau's American Community Survey 5-Year Estimate for the years 2015-2019. List the census tract identification numbers. [The Disadvantaged Community Index GIS mapping tool is available on the DWSRF website.](#)

These maps and information will be used by the DWSRF program to verify the project's qualification for the Disadvantaged Community Assistance Program (DCAP) as identified in the current DWSRF Annual Intended Use Plan.

Describe the public health and environmental benefits that would be achieved with this project. (attach a separate sheet if necessary).

ASSET AND FISCAL MANAGEMENT PLANS

Public Act No. 18-168 §61 requires Asset and Fiscal Management Plans for small community water systems. These plans must be in place by January 1, 2021. Refer to Circular Letter 2019-01 and the Capacity Development web-page for more information. These plans are recommended for all community water systems.

In order for a small water system to be eligible for federal subsidy with a DWSRF loan, the system must have an Asset Management Plan currently in place or agree to submit one to the DPH prior to entering into a loan agreement.

Does this public water system have an Asset Management Plan? Yes No Anticipated date: _____

Does this public water system have a Fiscal Management Plan? Yes No Anticipated date: _____

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PROJECT READINESS INFORMATION

Only those elements (planning, design, construction) of eligible projects that can result in executed contracts and DWSRF loan agreements within a state fiscal year funding cycle may receive funding. Elements of eligible projects that cannot result in executed contracts and DWSRF loan agreements will be eligible to receive funding in future funding cycles. **This section must be completed in order for the DPH to determine those elements of a project that can be funded during this funding cycle.**

PROJECT READINESS

Indicate type(s) of local funding authorization(s) (i.e. town council, referendum, local board, etc.) necessary for this project:

Provide a list showing any that have been obtained with the date, and those that still need to be obtained and the date those are expected to be obtained.

What phase(s) of the project do these local funding authorization(s) cover? (check all that apply)

Planning Design Construction

Has a Preliminary Engineering Report, or equivalent project planning report, been prepared for this project?

Yes Date report was completed: _____ . (Submit report with this EA)

No Anticipated date the report will be completed: _____ .

Is the final design of the project complete?

Yes Date final design was completed: _____ . (Attach final design to this EA)

No Anticipated date the design will be completed: _____ .

Have bid specifications been prepared for this project?

Yes (Submit DWSRF Pre-Bid Checklist with bid specifications)

Anticipated date it will be ready for competitive bidding: _____ .

No Anticipated date bid specifications will be available: _____ .

Have all sites, easements or rights-of-way necessary to assure undisturbed construction and operation and maintenance of the proposed project been acquired?

Yes Submit a list of those sites, easements and rights-of-way.

No Submit a list of those sites, easements, or rights-of-way that are necessary, their status, and when they are anticipated to be acquired.

Not determined yet.

Has the project obtained **all** required local approvals to proceed (e.g. planning & zoning, inland wetlands, etc.)?

Yes Submit a list of all necessary local approvals and/or permits for this project, the local issuing entity, and date at which the approval or permit was obtained.

No Submit a list of all necessary local permits or approvals for this project, the local issuing entity, their status and when they are anticipated to be acquired.

Not determined yet

Has the project obtained **all** State permits or approvals needed for this project (i.e. DEEP diversion permits, DOT permits, DPH change of use permits, etc.)? **** See note below ****

Yes Submit a list of all necessary state agency approvals and/or permits for this project, the state issuing entity, and date at which the approval or permit was obtained.

No Submit a list of all necessary state agency approvals and/or permits for this project, the state issuing entity and a status for each

Not determined yet

What is the anticipated start date for construction of this project? _____ .

Please ensure that time to obtain all authorization and approvals noted above, along with necessary DWSRF Program approvals, has been taken into consideration in determining this anticipated date.

NOTE: For purposes of answering the question regarding permits, state permits include permits issued by the DPH (i.e. Sale of Excess Water, Water Company Land, etc.); however, state approvals DO NOT include any approvals that are associated with the DPH DWSRF review process (technical project review & approval, pre-bid document review & approval, authorization to award contract).

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SIGNATORY SHEET

PLEASE SIGN AND DATE THE FOLLOWING STATEMENT:

As the duly authorized representative of the applicant, I understand that in evaluating this application, the State of Connecticut has relied upon the information provided to evaluate the enclosed project proposal. If such information subsequently proves to be incomplete, inaccurate, false and/or deceptive, this application may be modified, suspended or revoked.

Further, I understand that this application may also be suspended or revoked if it is found that any conditions(s) set forth by the State of Connecticut have been violated or if such an action is necessary to maintain the purity or adequacy of the water supply or public health.

I hereby agree to comply with all applicable requirements of other State and Federal laws, Executive Orders, regulations and policies governing this program and am fully aware that any modifications to the proposed project plan once it has been approved and priority ranked may significantly affect our eligibility ranking and/or opportunity to secure DWSRF financing.

I understand that this application (including any attachments thereto) and any other documents, records or information that I submit to the State of Connecticut in connection with the DWSRF program shall be public records, except as otherwise provided by any federal law or state statute. I further understand that third parties may have access to such public records as required under the Connecticut Freedom of Information Act, Connecticut General Statutes, Section 1-7 through Section 1-211, as amended.

I understand that entering into any contracts or agreements for this project without receiving prior written approval from the Department may prevent a particular service from being funded by the DWSRF.

I understand that this is not an application for a loan, but only to provide information to enable the Department of Public Health to evaluate the project for funding eligibility under the DWSRF program. Submittal of this application is necessary in order to be eligible for a loan.

Signature of Authorized Representative
of Public Water System (PWS)

Date

Print Name of Person Signing

Print Title of Person Signing