

STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC HEALTH
Drinking Water State Revolving Fund (DWSRF)
Emergency Power Generator Program Project Eligibility Application

DWS Project # _____

This form is only to be used for generator projects estimated to cost less than \$100,000. Generator projects estimated to cost \$100,000 or more must use the [DWSRF Project Eligibility Application](#). The DWS will make the final determination as to whether a project qualifies for the Emergency Power Generator Program.

Please note that this application is used only to determine eligibility and is not a loan application.

Name/Title of the Project	
Full Legal Name of Public Water System (PWS) Applicant	PWSID Number
Representative Authorized to Sign Loan Agreement	
Name:	Title:
Mailing address:	
Telephone #:	Fax #:
Email Address:	
Authorized Project Representative (if different than Representative Authorized to Sign Loan Agreement)	
Name:	Title:
Mailing address:	
Telephone #:	Fax #:
Email Address:	
Is this PWS a Not-for-Profit water company? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, complete the " Not-for-Profit Water Company Determination Form " & submit a copy with the eligibility application(s) (Only one copy per PWS is necessary, regardless of the number of Eligibility Applications submitted.)	
Population served by the Public Water System (number of persons):	
Population served by this project (number of persons):	
Does your water system require multiple generators to operate a critical water system facilities (wells, pump stations, treatment systems, valve chambers, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide the name of the critical facility for this application: (separate applications are required for each facility in need of a generator) Note that multiple applications may be combined into one loan agreement	
Are you installing a: Stationary generator <input type="checkbox"/> OR Portable generator <input type="checkbox"/> ?	
Do you currently have a generator to operate the critical water system facilities ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
For a new generator, skip questions a-e. If you are replacing a stationary generator, answer to questions a-e	
a: What is the source of fuel for the generator? Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/>	
b: What is the age of the generator (in years)?	
c: What is the size of the generator (in kilowatts)?	
d: Does the generator provide sufficient capacity to maintain critical water system electrical components during a prolonged power outage? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e: What electrical requirements does the generator currently provide ? Three-phase <input type="checkbox"/> Single-Phase <input type="checkbox"/>	
Provide the location (street address) of the proposed generator installation:	

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Project components and associated costs:	
Generator (purchase only)	\$
Installation	\$
Electrical work to accept generator	\$
Fuel storage, piping, etc. (actual fuel is not to be included)	\$
Security measures	\$
Permits and Easements	\$
Legal Costs	\$
Other (please specify):	\$
Estimated Total Cost of Project (In dollars):	\$
If the project is estimated to cost \$100,000 or more, the DWSRF Project Eligibility Application must be submitted instead of this eligibility application.	
Will other sources of funding (non-DWSRF) be used to pay for a portion of this project? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please specify the amount(s) and source(s) of other funding:	
Is the generator going to be located on property owned by the PWS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, you must provide legal easement documentation, otherwise the project is ineligible for funding.	
Project estimated start date: _____ and completion date: _____	
Does the PWS have the authority to enter into a loan agreement with CT DPH? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Authorized PWS Representative Signature: _____ **Date:** _____
Print Name: _____ **Title:** _____

Submit an electronic copy of all application materials via email to DPH.DWSRF@ct.gov.

Questions regarding application materials should be directed to the following:

Administrative and/or Technical Questions: DWSRF Program: DPH.DWSRF@ct.gov

Financial Questions: Office of the State Treasurer, Debt Services Division: Kimberly.Masson@ct.gov (860) 702-3081

* Representative Authorized to Sign Loan Agreement or Authorized Project Representative