

**STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC HEALTH
 Drinking Water State Revolving Fund (DWSRF)
 Small Loan Program Eligibility Application**

DWS Project # _____

NOTE: This form is only to be used for projects estimated to cost less than \$100,000. Projects estimated to cost \$100,000 or more must use the [DWSRF Project Eligibility Application](#). The Drinking Water Section (DWS) will make the final determination as to whether a project qualifies for the Small Loan Project 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)	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 Community System or a Not-for-Profit water company? <input type="checkbox"/> Yes <input type="checkbox"/> No If a Not-for-Profit, complete the " Not-for-Profit Water Company Determination Form " & submit a copy with the eligibility application(s) (Only one copy per PWS is necessary.)	
Population served by the Public Water System (number of persons):	
Population served by this proposed project (number of persons):	
Please provide a brief description of the proposed project:	
Does your project involve any structural improvements or renovations?:	
Construction of new buildings	Other Please Specify:
Building Additions	Tank Painting
Building Alterations	
Heavy Equipment Operations	
Site work	
Will this project address any regulatory violations or deficiencies identified in a sanitary survey report by the DPH? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, attach the appropriate documentation.	

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Project Components and Associated Costs:	
Project Equipment or Components (purchase only)	\$
Installation	\$
Legal Costs	\$
Permits or Easements	\$
Other Costs (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:	
Has a Preliminary Engineering Report, or similar project planning report been prepared for this project?	
Yes No Date report was completed:	
Is the primary purpose of this project is to address emerging contaminants? See EPA's Contaminant Candidate List for contaminants that qualify. Yes No Does the project address PFAS? Yes No	
Do you have an Asset Management Plan for your water system? Yes No	
If Yes, please provide a copy.	
Do you have a Fiscal Management Plan for your water system? Yes No	
If Yes, please provide a copy.	
Provide the location (street address) of the proposed project:	
Is the project going to be located on property owned by the PWS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, please provide legal easement documentation, otherwise the project is ineligible for funding.	
Project estimated start date:	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 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