

**State of Connecticut - Department of Public Health  
 Drinking Water State Revolving Fund (DWSRF)  
 Non-For-Profit Water Company Determination Form**

Name of Water Company:   
 Address:   
 City:  State:  Zip:

Name of Public Water System submitting project(s) for DWSRF funding:  PWSID:

Water Company Contact Person: Name:  Title:   
 Phone:  Email:

1. Is your Water Company Not-for-Profit?  Yes  No  
 If **No**, you are not required to complete the remainder of the form. Please sign and date the form and return it to the DWS.  
 If **Yes**, please complete, sign and date the entire form, and return it to the DWS.

2. What type of not-for-profit company is your water company? (please check one)

<input type="checkbox"/>	Municipality
<input type="checkbox"/>	Nonstock corporation formed under Chapter 602 of the laws of the State of Connecticut
<input type="checkbox"/>	Unincorporated not-for-profit association
<input type="checkbox"/>	Other (must explain below)

2a. If "Other", please explain what type of not-for-profit water company you are:

3. Please attach documents providing proof of the type of not-for-profit water company noted above.  
 (e.g.: Certificate of Incorporation, Declaration, Bylaws, Charter, etc.)  
 List of attached documents:

4. Is all of the excess revenue earned by the water company put back into the company's public water system(s) to maintain and/or support the system?  Yes  No

4a. If **Yes**, how is this excess revenue dedicated to the water system(s)?

4b. If **No**, please explain what the water company does with any excess revenue earned:

**This portion below must be completed in its entirety for all submittals. Please return form to the Drinking Water Section.**

Submitted by:

Signature:  Date:

Relationship to Water Company: