Dublic	Water	System	(DIME)	Nama
Public	vvaler	System	(PVVS)	mame

PWSID (CTXXXXXXX)

## **DWSRF Project Rollover Application**

A DWSRF Project Eligibility Application may be rolled over to the subsequent fiscal year for funding consideration if the project is not progressing, according to the procedure in Section V.B. of the Annual Intended Use Plan. In order to adequately compare these projects with the new applications, updated information is necessary. Please review and complete this "Project Rollover Application Form" for each project that you wish to be rolled over and considered for inclusion on the annual Project Priority List.

Name/title of the project:			DWSRF Project #		
5 Harris Davids			Hairus Entitu ID (via CAM acc)		
Full Legal Name of Loan Recipient			Unique Entity ID (via SAM.gov)		
			Federal Employer ID Number (FEIN)		
Authorized PWS Representative Name:	Title:				
Name.	Title.				
Mailing Address:					
Email:		Phone:			
<b>Project Contact Person</b> (If different than the Authorize	ed PWS Repr	esentative)			
Name:	Title:				
Mailing Address:	•				
Email:		Phone:			
WATER SYSTEM SERVICING					
Population to be served by the affected area of the prop	osed project	:			
Number of service connections supplied by the affected	area of the p	proposed project:			
Municipal Plan of Conservation and Development					
Is this a municipality-owned PWS? Yes No If yes, is the Municipal Plan of Conservation and Development current? Yes No					
PROJECT COSTS – AMOUNT OF DWSRF REQUEST  Have estimated amounts or breakdown changed from previous application:   Yes  No					
If yes, please complete table below			Amount		
Estimated Total project cost:	\$				
Estimated Total amount requested from DWSRF:	\$				
Estimated amount from other sources:	\$				
Identify other funding sources (if any):					
Basis of Estimate:					

Public	: Water System (PWS) Name			PWSID (CTXXXXXXX)
Breakdown of DWSRF request: (check all that apply)		Anticipated Start of Procurement Process (month & year)	Anticipated Contract Execution Date (month & year)	Estimated Amount from DWSRF
-	rate budget breakdown may be necessary for bhase projects	, ,	, , , , ,	
	Feasibility Study/Preliminary Engineering or Other Planning			\$
	Final Design			\$
	Construction			\$
Does this amount include: ☐ Construction Oversight ☐ Easement ☐ Closing Costs ☐ Contingencies (check all that apply)  Have you executed a contract with an engineer or consultant for any work associated with this project?  ☐ Yes ☐ No				
	list services:  Any contract executed without prior DPH apple	roval is not eligible fo	r funding	
	CT ENVIRONMENTAL CONSIDERATIONS			
Attach	an updated map if necessary.			
PROJECT BENEFITS & AREA OF IMPACT				
system	a scaled map to show the water service area ser improvement proposed in this project application	n (i.e. service areas, s	treet 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 <a href="Disadvantaged Community Index GIS mapping tool">Disadvantaged Community Index GIS mapping tool</a> 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.				
PROJE	CT 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 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 for the DPH to determine those elements of projects that can be funded during this funding cycle. A separate detailed schedule may also be necessary, depending on the project.

PROJECT READINESS (include information on a separate sheet as necessary to answer each question.)
Provide a list of local funding authorizations 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
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 and the
current status of each
Not determined yet
Has the project obtained <b>all</b> 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
Has a Preliminary Engineering Report, or similar project planning report, been prepared for this project?
Yes Date report was completed: . (you may 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:
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:
What is the anticipated start date for construction of this project?
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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Public	vvater	System	(PWS)	Name

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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 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		