



Department of Public Health Drinking Water State Revolving Fund Small Loan Program



DPH Authorization to Commence Work Request Form

This request form must be completed and submitted to the Department of Public Health’s (DPH) Drinking Water Section (DWS) by eligible Public Water Systems (PWS) that filed a Small Loan Program Eligibility Application seeking financial assistance for the purchase, installation or replacement of water system components within the PWS’s existing facilities that has a total project cost of less than \$100,000. All applicants for this program are required to receive written authorization from the DPH **prior to** entering into a financial agreement with a contractor for any work that will be financed through the DWSRF program in order to be eligible for DWSRF funding. **Applicants must complete and submit General Application for Approval or Permit and appropriate supplemental DWS application form(s) based on the type of project or work to be completed and secure DPH approval of project or work in accordance with Section 19-13-B102(d)(2) of the Regulations of Connecticut State Agencies prior to submitting this Request Form.** Applicable DWS application forms are available on the [DPH website](#). If you have any questions on this DWS approval of project or work please contact this office at (860) 509-7333.

A. PUBLIC WATER SYSTEM INFORMATION:

1. PWS Name: _____

2. Town: _____

3. PWSID: _____

4. DWS Project ID: _____

5. DWSRF Project ID: _____

6. Project Contact:

Name: _____ Title: _____

Phone #: _____ Email: _____

Address: _____

Street Name City, State Zip Code

7. Representative legally authorized to sign loan documents for the PWS:

Name: _____ Title: _____

Phone #: _____ Email: _____

Address: _____

Street Name City, State Zip Code

Signature: _____ Date Signed: _____

B. PROJECT DESCRIPTION: Check the appropriate boxes below that apply to the portions of the project that you are requesting DWSRF financial assistance for. Also provide the physical address of the facility (numbered street address and town) and a detailed description of the project, including any portion of the project that will be funded with non-DWSRF funds.

1. DWSRF financial assistance is being requested for the following activities related to this project (check all that apply):

- Purchase of equipment and materials
- Labor associated with installation of any components. **NOTE:** If the project involves construction work, you will be required to comply with the federal Davis-Bacon Act wage rate requirements, and you should contact the DWS for assistance in determining the applicability of these requirements to the project.
- Other, describe: _____

2. Street Address of Project Site: _____

3. Town: _____

4. Name or description of PWS facility that work will be performed: _____

5. Population served by this PWS facility: _____

6. Detailed description of Project: _____

7. Will the project be located on property owned by the PWS? Yes No . If no, please provide legal easement or supporting documents which would allow the project to proceed.

C. PERMITTING REQUIREMENTS FOR THE PROPOSED SERVICE WORK:

1. Does the proposed work require any permit(s) from State and/or Local Agencies? Yes No. If yes, list all the permits required. _____
If yes, has the permit been obtained? Yes No If no, indicate when permit(s) will be obtained:

D. CONTRACTOR LUMP SUM QUOTES AND INVOICING: Contractors submitting quotes for this work must be licensed in the State of Connecticut for the type of work being performed. The applicants must provide the prospective contractors with DPH **approved** drawings and specifications of the project to use for their basis of the price quotes.

CT sales tax shall be incorporated in the quotes, unless the PWS is tax exempt. If the PWS is tax exempt, the CT Department of Revenue Services [CERT-141](#) form should be filled out by the PWS and submitted to contractors prior to preparation of quotes. A copy shall also be attached to this form.

1. If DWSRF funding will be used to finance both materials and labor associated with this project, then you must attach a minimum of 3 comparable price quotes (for equivalent equipment and/or installation services) from Connecticut licensed contractors. All quotes shall provide a lump sum price **and an itemized cost of all materials and labor.**
2. If the DWSRF funding will be used to finance **only materials** associated with the project, then you must attach a minimum of 3 price quotes from retail or wholesale supply centers licensed and/or authorized to sell these materials.
3. Name of contractor(s) that submitted quotes for this work:
 - a. Company/Contractor Name: _____
 CT License #: _____ Quote amount _____
 - b. Company/Contractor Name: _____
 CT License #: _____ Quote amount _____
 - c. Company/Contractor Name: _____
 CT License #: _____ Quote amount _____

4. Name of contractor selected to perform the work:

Company/Contractor Name: _____

5. If the selected contractor is not the one with lowest quote, then attach documentation justifying the selection of the contractor.
6. After all work is completed, all relevant invoices amounting to the total eligible costs incurred on the project must be submitted to the DPH for the request for payment to be accepted and processed.

E. AMERICAN IRON AND STEEL (AIS) REQUIREMENTS: Federal “Use of American Iron and Steel” (AIS) requirements apply to this project unless you have received a waiver in writing from the United States Environmental Protection Agency (USEPA). Under this requirement, all iron and steel products used in this project must be produced in the United States. Federal guidance on this requirement is available on EPA’s AIS website: http://water.epa.gov/grants_funding/aisrequirement.cfm. It is essential that your contractor is made aware of this requirement and understands their role in documenting compliance.

If you have received a written waiver or exemption from this requirement from the USEPA please attach it to this form.

F. LOAN REPAYMENT TERM: Select the term of the financial agreement in which the PWS is seeking to complete the full repayment of the loan:

- Immediately
- In accordance with the following table:

Loan Amount ¹	Maximum loan repayment term
\$0-\$10,000	3 years
\$10,000-\$25,000	5 years
\$25,000-\$100,000 ²	10 years

G. FINANCIAL INFORMATION*: The following information must be provided for the PWS in order for the State of Connecticut to determine if the applicant financially qualifies for financial assistance under the DWSRF program.

- Is the PWS a: Non-Incorporated Investor Owned Public Water System
 Incorporated Investor Owned Public Water System
 Municipality; Water Authority; Non-Profit Public Water System; Non- Transient Non-Community System
 Private Borrower
- A summary of how the public water system will guarantee the repayment of loan money received through the financial assistance agreement, either through the full faith and credit of the entity and/or through a pledge of revenues.
- Financial statements and supportive documents from the last three (3) years, which include:
1. Balance Sheet/Statement of Net Assets
 2. Income Statement/Statement of Revenues and Expenses/Expenditures
 3. Audited Financial Statements or Annual Reports (if applicable)
 4. Prospectus or offering statement (if applicable)
- Budget projection that includes plan for repayment of borrowed funds.
- A resolution covering the total project cost adopted by the PWS to file the application and execute the loan agreement. The resolution should contain: brief description of the project, how much funding the board/committee approved and set-aside for the project, date of approval and who [individual(s) name and title(s)] has the authority to sign the loan documents. In the case of a municipality, the resolution must be certified and sealed by the Town/City Clerk; and in the case of a private entity, authorization must be evidenced by the appropriate parties, sealed and notarized.
- If the entity is a private borrower, provide:
1. A description of management of the entity
 2. Management of the project funded by the loan
 3. Details of rates and revenue generating ability for three years prior with collection history
- Any system regulated by the Public Utilities Regulatory Authority (PURA) must include a copy of their most recent Annual Report, and the following year's report when it becomes available.
- * The State may request project specific information that may vary according to the type of project.
* A one year debt service reserve may be required in order to secure a DWSRF Loan.
1. Loan amount used in the loan repayment term is the total amount identified in the loan agreement, excluding the subsidy.
 2. Projects with an overall cost (loan and subsidy) of \$100,000 or more are not eligible for the Small Loan Program and must be reviewed under and follow the procurement rules of the base DWSRF program.

**RELEASE OF INFORMATION AND FINANCIAL ASSISTANCE APPLICATION
STATEMENTS**

A complete application requires a release of information letter that authorizes the State of Connecticut to access additional financial information that may be needed to assess your funding eligibility. Please fill in the blanks appropriately, then sign and date.

I _____ hereby authorize the State of Connecticut and its various departments and agencies to review this application and all the information herein contained for accuracy and completion in relation to my application for funding under the Drinking Water State Revolving Fund (DWSRF). I have personally examined and am familiar with the information submitted in this document and all attachments and certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge. I understand that any false statements knowingly made in this document or its attachments may be punishable as a criminal offense.

Further, I _____ understand that this application becomes part of the loan documentation, and that approvals from the Department of Energy and Environmental Protection and the Public Utilities Regulatory Authority may be necessary in addition to approvals from the Department of Public Health.

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, Sections 1-200 through 1-242, inclusive, as amended.

I, _____ hereby submit this application on behalf of

_____ to the State of Connecticut for a loan for the project described herein. I certify that the information contained in this application, and in any attached statements and materials in support thereof, is true and correct to my knowledge. I understand that the proper procedures must be followed and approvals obtained before bidding, awarding, or entering into any contract or agreement, and that not following the proper procedures may result in the loss of funding eligibility. As the duly authorized representative of the applicant, I certify that the applicant will comply with the Small Loan Program Project Assurances as stated herein.

Signature of the Authorized Representative
of the Public Water System

Date Submitted

Please Print Name

WORKSHEET A

Department of Public Health – Water Company Land Permitting

Please check off the appropriate box for the statement that is applicable to the work to be undertaken to install your project, then sign and date at the bottom of the page.

- This project **will not** include a physical land disturbance or significant construction activities on land owned by the public water system that is within 200' of a public water supply well.

- This project **will** include a physical land disturbance or significant construction activities on land owned by the public water system that is within 200' of a public water supply well. I hereby attest that the following terms and conditions associated with this project will be met, pursuant to Connecticut General Statutes Section 25-32(b):
 - Any agreements entered into with any outside contractor or other parties for this project shall reference this permit and all conditions contained herein, as well as best management provisions submitted as part of the application.
 - The applicant shall conduct onsite inspections to assure that the purity and adequacy of the drinking water sources are not placed in jeopardy. Inspections will be conducted multiple times per week until the area is stabilized. These inspections are in addition to the routine inspections conducted throughout construction of the project.
 - No construction shall take place until any necessary erosion and sedimentation controls are in place. These controls shall be installed, properly functioning, inspected regularly, and remain in place throughout the project.
 - Any malfunction or breakdown of erosion and/or sedimentation control devices or water pollution control devices shall be repaired immediately. Construction activities shall be discontinued until necessary repairs have been completed.
 - Any materials to be placed on site as fill shall be inspected and approved as clean by the applicant or its authorized representative. All fill shall be stabilized to prevent erosion and contained to prevent runoff. The extent of fill or excavation shall be minimized. All fill areas shall be restored and re-vegetated.
 - Storage, servicing and refueling of machinery shall take place outside of the recharge area of the well(s).
 - Disturbed areas must be seeded or sodded as soon as possible to provide a vegetative cover against erosion. Seed mixtures and erosion control fabric shall be free from any herbicide or pesticide additive or treatment.
 - Spill containment materials, adequate in type and number, shall be available on-site.

I certify to the best of my knowledge that the information provided is complete and correct. I understand that the information I provide will be used by the Department of Public Health, Drinking Water Section to determine if a Permit for the Sale, Lease, Transfer or Assignment or Change in Use of Water Company Land is required.

Signature of Applicant: _____ Date: _____