

STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC HEALTH**Drinking Water State Revolving Fund****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 is not a loan application.

Full Legal Name of Public Water System Applicant	PWSID Number
Authorized PWS Representative (Official authorized to sign for PWS Applicant)	
Name:	Title:
Mailing address:	
Telephone #:	Fax #:
Email Address:	
Contact Person (if different than Authorized PWS Representative)	
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 separate water system facilities (well(s), pump stations, valve chambers, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, provide the name of the 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"/> ?	
Are you installing a: New Generator <input type="checkbox"/> OR Replacement Generator <input type="checkbox"/> ?	
For a new generator, skip to the next question. 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 (check all that apply)?	
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	\$
Incidental site work (limited to facilitate the generator installation)	\$
Legal Costs	\$
Other (please specify):	\$
Estimated Total Cost of Project (In dollars):	\$
Reminder: 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:	
What electrical requirements will the generator need to provide (check all that apply)?	
Three-phase <input type="checkbox"/> Single-Phase <input type="checkbox"/>	
Is the generator 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 and completion dates:	
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.CTDWSRF@ct.gov or on a USB flash drive or CD submitted with the paper copy.

Questions regarding application materials should be directed to the following:

Administrative Questions: Theodore Dunn, DPH (860) 509-7333

Financial Questions: Marie Moylan Hoadley, Office of the State Treasurer (860) 702-3138

Technical Questions: DPH DWSRF Unit Engineer (860) 509-7333