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

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DWS	Pro	lect	#

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.

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		an Agreement)
Name:	Title:	
Mailing address:	T	
Telephone #:	Fax #:	
Email Address:		
Is this PWS a Community System or a Not-for-Profit water company?		.,
If a Not-for-Profit, complete the "Not-for-Profit Water Company Detern	nination Form" & subm	iit 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?:		
Construction of new buildings Other Please Specify:		
Building Additions		
Building Alterations		
Heavy Equipment Operations		
Site work		
Will this project address any regulatory violations or deficiencies identif survey report by the DPH?	ied in a sanitary Ye	s No 🗌
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):	\$			
DWSRF Funding Requested	\$			
Estimated Total Cost of Project (In dollars):	\$			
Reminder: If the project is estimated to cost \$100,000 or more, the DWSRF Project Eligibility A submitted instead of this eligibility application.	Application must be			
Will other sources of funding (non-DWSRF) be used to pay for a portion of this project?	s 🗌 No 🗌			
If Yes, please specify the amount(s) and source(s) of other funding:				
If project is over \$100,000 then it does not qualify for the Small Loan Program. The DWSR Application will need to be filled out and submitted instead.	F Project Eligibility			
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 No				
If no, please provide legal easement documentation, otherwise the project is ineligible f	or funding.			
Project estimated start date: completion date:				
Does the PWS have the authority to enter into a loan agreement with CT DPH? Yes	No 🗌			
Authorized Representative Signature*: Date:				
Print Name: Title:				
Submit an electronic copy of all application materials via email to DPH.CTDWSRF@ct.gov.				

Questions regarding application materials should be directed to the following:

Administrative Questions: DWSRF Program: DPH.CTDWSRF@ct.gov

Financial Questions: Office of the State Treasurer, Debt Services Division (860) 702-3000

Technical Questions: DWSRF Program: DPH.CTDWSRF@ct.gov

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^{*} Representative Authorized to Sign Loan Agreement or Authorized Project Representative