Connecticut Clean Water Fund:

Request to Place Project on Priority List

**For this funding cycle (FY 2026 - 2027), all potential Clean Water Fund applicants must complete this request form for each project to be considered for funding assistance.** This form is a planning tool intended to collect standardized information for all projects, and to ensure that projects which have been completed without Clean Water Fund assistance, or for which the municipality no longer seeks assistance, are no longer carried as future needs. Every phase of a project requires a separate form to be filled out.

This request form is NOT a Clean Water Fund application. To officially apply for Clean Water Fund funding assistance, a funding application must be submitted for each project. A request for additional funds is not a guarantee that funding can be secured through the Clean Water Fund.

**All completed forms should be submitted via email at** [**DEEP.CWF@ct.gov**](mailto:DEEP.CWF@ct.gov)**.** Please note a duplicate submission of paper copies is not necessary.

**PROJECT INFORMATION:**

Municipality: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project contact(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information: Phone: (XXX)-(XXX)-(XXXX) Email: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Type: Select all that are applicable and order numerically according to relevance (1= most relevant)**

\_ **Treatment with nutrient removal** \_ **Rehabilitation of pump stations**

\_ **New pump station** \_ **Collection system improvements**

\_ **Infiltration/Inflow correction** \_ **Green infrastructure**

\_ **Combined sewer overflow mitigation** \_ **Small community project**

\_ **Resiliency project** \_ **Other: \_\_\_\_\_\_\_\_**

Has the project been assigned a Clean Water Fund project number? No Yes: CWF#\_\_\_\_\_\_\_\_

What year was the last *comprehensive upgrade* completed for wastewater treatment facility projects? \_\_\_\_\_\_\_\_

A *comprehensive upgrade is any significant change in treatment processes requiring construction or expansion of treatment tankage or replacement of mechanical processes with a value of at least 5 times the annual operation and maintenance budget at the time of construction. It is meant as a comprehensive refurbishing or expansion of the entire facility.*

Brief project description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this project been included on a previous Priority List?Yes  No

If yes, please indicate which year(s): FY20XX-20XX and phase \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COST INCREASES ON EXISTING PROJECTS**

**This section applies to projects identified on the FY24/25 Priority List under Fundable Construction**

Cost increases (due to change orders or higher initial bids) on individual projects that exceed their CWF allotments. What is the current CWF allotment for the project? Grants: $\_\_\_\_\_\_\_\_

Loans: $\_\_\_\_\_\_\_\_

Is the project still under construction? (Select One)

Yes, approximate completion will be mm/yyyy

No, but some billing is outstanding which is estimated to exceed allotment.

No, all bills are in, but there are insufficient funds to pay them.

Cost Increase authorized under local funding? Yes  No

If no, the expected date of local authorization: mm/yyyy

How much additional funding will be needed to complete the project? $\_\_\_\_\_\_\_

**For this funding round, you should complete and submit a separate form for each project and or phase of a project. For example, if planning takes place in 2025 and design takes place in 2025 or 2026, it is necessary to complete 2 separate forms.**

Please identify the project phase for funding.

**Planning  Design  Construction**

**PLANNING** (Estimated planning costs: $\_\_\_\_\_\_\_\_ )

A request for planning assistance should include all costs associated with the development of an engineering report (facilities plan) identifying the nature of the pollution problem, evaluating alternatives for addressing the problem, and recommending a cost effective and feasible alternative to address the problem.

**Status of Planning Effort (as of the date of this form) (Complete all that apply)**

☐ Planning started in FY: 20XX

Project expected to commence in FY 2026

☐ Project expected to commence in FY 2027

☐ Anticipated future project (For projects expected to start after FY2027): Date

Consultant selected via QBS process. (Name of firm:\_\_\_\_\_\_\_\_ )

Scope of work approved by DEEP. Date: mm/dd/yyyy Approved costs: $ \_\_\_\_\_\_\_\_

Planning complete. (Date of Final Engineering Report: mm/yyyy )

Engineering Report with approval by DEEP. Approval date: mm/dd/yyyy

**DESIGN** (Estimated design costs: $ \_\_\_\_\_\_\_\_)

Design is the preparation of contract plans and specifications needed to implement the recommendations of an engineering report. It may also include legal costs associated with the identification of needed easements and land acquisition.

**Status of Design Effort (as of the date of this form):**

☐ Design expected to commence in FY 2026

☐ Design expected to commence in FY 2027

1. Funding for Design AND Construction has been authorized:

Yes Date

No Anticipated date

1. Using the same consultant from the planning phase: Yes  No

If no, has a new consultant been selected via QBS process? Yes  No

Name of the new firm selected: **\_\_\_\_\_\_\_\_**

1. Scope of work approved by DEEP date: mm/dd/yyyy Approved costs: $ **\_\_\_\_\_\_\_\_**
2. Is design complete?

☐ Yes Date

☐ No Anticipated date

**CONSTRUCTION** (Estimated construction costs: $ \_\_\_\_\_\_\_\_)

Choose the box and enter your information for the FY that the project will commence.

☐ Construction commencing in FY 2026

Estimated costs, including engineering and contingency: $ \_\_\_\_\_\_\_\_\_\_\_

Date of construction cost estimate: Date

☐ Construction commencing in FY 2027

Estimated costs, including engineering and contingency: $ \_\_\_\_\_\_\_\_\_\_\_\_

Date of construction cost estimate: Date

Status of local funding (as of the date on this form):

Funding approved

Approval date: mm/yyyy ($ \_\_\_\_\_\_\_\_)

Funding approval pending

Expected decision date: mm/yyyy) ($\_\_\_\_\_\_\_\_)

**CONSTRUCTION continued**

**Status of Bids** (as of date of this form): **(Select one)**

Plans and Specs approved by DEEP. Approval date: mm/dd/yyyy

Bid package draft in process. Date expected to bid: mm/yyyy

Bid process occurring. Bid close date: mm/dd/yyyy

Bids under Town review. Expected recommendation to award date: mm/dd/yyyy

Contract awarded. DEEP approval date: mm/dd/yyyy Name of firm: \_\_\_\_\_\_\_\_

Construction underway. DEEP deviation letter date: mm/dd/yyyy

Construction has not started.

**-------------------------------------------------------------------------------------------------------------------------------------**

**Please complete this section for ALL project types in which you seek funding.**

**GREEN COMPONENTS**

**Please** **identify below any type of green component utilized in the project you are requesting CWF funding for above,** **and if available please also include the estimated cost and/or the percentage of the overall project cost.** To identify green project components, please visit EPA’s website for more detailed information: <https://www.epa.gov/sites/default/files/2015-04/documents/green_project_reserve-crosswalk-table.pdf>. Use the ‘other’ check box if you have a component not specified on the list and enter the description of your green component on the line provided.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Estimated Cost: | and/or | Percentage of overall project cost: | |
| Green Infrastructure | $\_\_\_\_\_\_ | and/or | \_\_\_\_\_% |
| Sustainable Landscaping and Site Design | $\_\_\_\_\_\_ | and/or | \_\_\_\_\_% |
| Energy Management Planning | $\_\_\_\_\_\_ | and/or | \_\_\_\_\_% |
| Pump Station Rehabilitation | $\_\_\_\_\_\_ | and/or | \_\_\_\_\_% |
| I/I Correction Projects | $\_\_\_\_\_\_ | and/or | \_\_\_\_\_% |
| Energy Efficiency | $\_\_\_\_\_\_ | and/or | \_\_\_\_\_% |
| POTW Process & Equipment | $\_\_\_\_\_\_ | and/or | \_\_\_\_\_% |
| Renewable Energy | $\_\_\_\_\_\_ | and/or | \_\_\_\_\_% |
| Collection System Equipment | $\_\_\_\_\_\_ | and/or | \_\_\_\_\_% |
| Resiliency Measures | $\_\_\_\_\_\_ | and/or | \_\_\_\_\_% |
| Achieve greater than or equal to 20% reduction in energy consumption | $\_\_\_\_\_\_ | and/or | \_\_\_\_\_% |
| Achieve less than 20% reduction in energy consumption | $\_\_\_\_\_\_ | and/or | \_\_\_\_\_% |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_ | and/or | \_\_\_\_\_% |

**Please complete this section for ALL project types in which you seek funding.**

**SUPPLEMENTARY INFORMATION**

This section is to provide further details to DEEP regarding your projects as they specifically relate to the Priority Project Ranking System in accordance with section 22a-482-1(c)(1) through (5) of the Regulations of Connecticut State Agencies (RCSA), which includes priority rating criteria, project ranking mechanism, and order of priority funding.

1. Approximated population connected to sewers in the municipality (including commercial and industrial waste) served by the project: \_\_\_\_\_\_\_\_
2. Address, coordinates, and/or a description of project location(s): \_\_\_\_\_\_\_\_

*Please provide the drainage basin if it is known: \_\_\_\_\_\_\_\_*

1. Does the project impact potable water supply? Yes  No

If yes, select the affected population range:

☐ Impaired water supply affecting less than 25 people

Impaired water supply affecting 26 to 100 people

☐ Impaired water supply affecting 101 to 1,000 people

☐ Impaired water supply affecting 1,001 to 5,000 people

☐ Impaired water supply affecting more than 5,000 people

1. Will the Project enhance specific water resource values? Yes  No

If yes, select how from the options below and provide specific details:

☐ Project will improve recreational fisheries, anadromous fisheries, and/or open new streams for fish stocking programs. \_\_\_\_\_\_\_\_

Project will lower coliform bacterial levels in waters of shellfish beds and/or open new areas for shellfishing. \_\_\_\_\_\_\_\_

☐ Project will enhance existing water-related outdoor recreational opportunities and/or allow for new water-related outdoor recreational opportunities. \_\_\_\_\_\_\_\_

☐ Project will reduce eutrophication of a lake or impoundment by diverting septic system discharges out of a drainage basin, by providing nutrient removal in a municipal treatment plant, or by relocating an existing treatment plant discharge. \_\_\_\_\_\_\_\_

1. Will the project eliminate ponding of sewage from failing septic systems, backup of sewage into basements, or overflow sewage into streets? Yes  No
2. Is this project designed to meet interim or final goals for nitrogen reduction per the Long Island Sound TMDL? Yes  No
3. Does the project enhance phosphorus removal from a permitted NPDES discharge location? Yes  No

**REQUIRED CERTIFICATION**

The municipality and/or utility *and* the individual(s) responsible for actually preparing the application must sign this part. This request will be considered incomplete unless all required signatures are provided. If the municipality and/or utility is the preparer, please mark N/A in the spaces provided for the preparer.

|  |  |
| --- | --- |
| “I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge and belief.” | |
| Name of Municipal/Utility Representative:  (print or type) | Title:  (if applicable) |
| Signature of Municipal/Utility Representative:  (signature) | Date:  mm/dd/yyyy |
| Name of Preparer (if different from above):  (print or type) | Title:  (if applicable) |
| Signature of Preparer:  (signature) | Date:  mm/dd/yyyy |