

Michigan Department of Environmental Quality  
Rick Snyder, Governor  
Dan Wyant, Director

<http://www.michigan.gov/deq>

## Drinking Water Revolving Fund Project Plan Submittal

<b>Name of the Project</b>		<b>Applicant's Federal Employer Identification Number (EIN)</b>	
<b>Legal Name of Applicant</b> (The legal name of the applicant may be different than the name of the project. For example, a county may be the applicant for bonding purposes, while the project may be named for the particular village or township it serves.)		<b>Areas Served by this Project</b> Counties _____  _____	
<b>Address of Applicant</b> (Street, PO Box, City, State & Zip)		Congressional Districts _____  State Senate Districts _____  State House Districts _____	
<b>Population Served by the Water Supplier</b> _____ If you are interested in an interim planning loan for the immediate reimbursement of project planning costs, check here <input type="checkbox"/> (An interim planning loan is available only to a municipality serving a population of less than 10,000.)			
<b>Brief Description of the Project</b>			
<b>Disadvantaged Community Determination</b> <input type="checkbox"/> The applicant is requesting a disadvantaged community determination, and a completed <i>Disadvantaged Community Status Determination Worksheet</i> is attached.			
<b>Estimated Total Cost of the Project</b>		<b>Construction Start Target Date</b>	
<b>Name and Title of Applicant's Authorized Representative</b>		<b>Telephone</b>	<b>E-mail Address</b>
<b>Address of Authorized Representative</b> if same as address above, check here <input type="checkbox"/>			
<b>Signature of Authorized Representative</b>			<b>Date</b>
<b>State approval of the water supplier's Surface Water Intake Protection Program is attached (if applicable) check here <input type="checkbox"/></b> <b>State approval of the water supplier's Wellhead Protection Program is attached (if applicable) check here <input type="checkbox"/></b> <b>Joint Resolution of Project Plan Adoption/Authorized Representative Designation is attached check here <input type="checkbox"/></b>			

A final project plan, prepared and adopted in accordance with the Department's *Drinking Water Revolving Fund Program Project Plan Preparation Guidance*, must be submitted by May 1st in order for a proposed project to be considered for placement on Michigan's Project Priority List for the next fiscal year. Please send your final project plan with this form to:

REVOLVING LOAN SECTION  
OFFICE OF DRINKING WATER AND MUNICIPAL ASSISTANCE  
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
PO BOX 30241  
LANSING MI 48909-7741

**SAMPLE RESOLUTION**

**A RESOLUTION ADOPTING A FINAL PROJECT PLAN  
FOR WATER SYSTEM IMPROVEMENTS AND  
DESIGNATING AN AUTHORIZED PROJECT REPRESENTATIVE**

**WHEREAS**, the \_\_\_\_\_ (*legal name of applicant*) recognizes the need to make improvements to its existing water treatment and distribution system; and

**WHEREAS**, the \_\_\_\_\_ (*legal name of applicant*) authorized \_\_\_\_\_ (*name of consulting engineering firm*) to prepare a Project Plan, which recommends the construction of \_\_\_\_\_  
\_\_\_\_\_ ; and

**WHEREAS**, said Project Plan was presented at a Public Hearing held on \_\_\_\_\_ and all public comments have been considered and addressed;

**NOW THEREFORE BE IT RESOLVED**, that the \_\_\_\_\_ (*legal name of applicant*) formally adopts said Project Plan and agrees to implement the selected alternative (Alternative \_\_\_\_\_ ).

**BE IT FURTHER RESOLVED**, that the \_\_\_\_\_ (*title of the designee's position*), a position currently held by \_\_\_\_\_ (*name of the designee*), is designated as the authorized representative for all activities associated with the project referenced above, including the submittal of said Project Plan as the first step in applying to the State of Michigan for a Drinking Water Revolving Fund Loan to assist in the implementation of the selected alternative.

Yeas:

Nays:

I certify that the above Resolution was adopted by \_\_\_\_\_ (*the governing body of the applicant*) on \_\_\_\_\_.

**BY:** \_\_\_\_\_  
Name and Title (*please print or type*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Disadvantaged Community Status Determination Worksheet

The following data is required from each municipality in order to assess the disadvantaged community status. Please provide the necessary information and return to:

Robert Schneider  
Revolving Loan Section  
Office of Drinking Water and Municipal Assistance  
P.O. Box 30241  
Lansing, MI 48909-7741  
[Schneider@michigan.gov](mailto:Schneider@michigan.gov)

If you have any questions please contact Robert Schneider at 517-388-6466

Please check the box this determination is for:

DWRF     SRF

1. Total amount of anticipated debt for the proposed project, if applicable.

\_\_\_\_\_

2. Annual payments on the existing debt for the system.

\_\_\_\_\_

3. Total operation, maintenance and replacement expenses for the system on an annual basis.

\_\_\_\_\_

4. Number of "residential equivalent users" in the system.

\_\_\_\_\_

**For determinations made using anticipated debt, a final determination will be made based upon the awarded loan amount.**