Drinking Water Revolving Fund Project Plan Submittal

<table>
<thead>
<tr>
<th>Name of the Project</th>
<th>Applicant’s Federal Employer Identification Number (EIN)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Legal Name of Applicant (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.)</th>
<th>Areas Served by this Project</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Counties ______________________</td>
</tr>
<tr>
<td></td>
<td>______________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Applicant (Street, PO Box, City, State &amp; Zip)</th>
<th>Legislative Served by this Project</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Counties __________________________</td>
</tr>
<tr>
<td></td>
<td>________________________________</td>
</tr>
<tr>
<td></td>
<td>Congressional Districts __________________________</td>
</tr>
<tr>
<td></td>
<td>________________________________</td>
</tr>
<tr>
<td></td>
<td>State Senate Districts __________________________</td>
</tr>
<tr>
<td></td>
<td>________________________________</td>
</tr>
<tr>
<td></td>
<td>State House Districts __________________________</td>
</tr>
<tr>
<td></td>
<td>________________________________</td>
</tr>
</tbody>
</table>

Population Served by the Water Supplier _______________________

If you are interested in an interim planning loan for the immediate reimbursement of project planning costs, check here □
(An interim planning loan is available only to a municipality serving a population of less than 10,000.)

Brief Description of the Project

Disadvantaged Community Determination

□ The applicant is requesting a disadvantaged community determination, and a completed Disadvantaged Community Status Determination Worksheet is attached.

Estimated Total Cost of the Project

<table>
<thead>
<tr>
<th>Name and Title of Applicant’s Authorized Representative</th>
<th>Telephone</th>
<th>E-mail Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address of Authorized Representative</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>if same as address above, check here □</td>
<td></td>
</tr>
</tbody>
</table>

Signature of Authorized Representative

Date

State approval of the water supplier’s Surface Water Intake Protection Program is attached (if applicable) check here □
State approval of the water supplier’s Wellhead Protection Program is attached (if applicable) check here □
Joint Resolution of Project Plan Adoption/Authorized Representative Designation is attached check here □

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
LAN Sing MI 48909-7741

(EQP 3528 REV 2/2015)
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.

Yea:

Nay:

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

(EQP 3528 REV 2/2015)
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  
Schneiderr@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.