Project Useful Life and Cost Analysis Certification Form

Project Information

Applicant Name: ________________________________________________________________

SRF Project to be Funded:______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Per Section 602(b)(13) of the Federal Water Pollution Control Act (FWPCA), all Clean Water State Revolving Fund (CWSRF) assistance recipients must certify that they have conducted the studies and evaluations described in 602(b)(13)(A) and (B), collectively known as a cost and effectiveness analysis.

☐ 1) The applicant has studied and evaluated the cost and effectiveness of the processes, materials, techniques, and technologies for carrying out the proposed project or activity for which assistance is sought under the CWSRF; and

☐ 2) The applicant has selected, to the maximum extent practicable, a project or activity that maximizes the potential for efficient water use, reuse, recapture, and conservation, and energy conservation, taking into account the cost of:
 o constructing the project or activity;
 o operating and maintaining the project or activity over the life of the project; and
 o replacing the project or activity.

☐ 3) The applicant has completed a Project Useful Life analysis for the project or activity.

   Attach appropriate documentation

I certify that requirements (1), (2), and (3) as checked above have been met.

__________________________________________________________________________________
Name of Professional Engineer (Please Print or Type)

__________________________________________________________________________________
Signature of Professional Engineer Date

__________________________________________________________________________________
Name and Title of Authorized Representative (Please Print or Type)

__________________________________________________________________________________
Signature of Authorized Representative Date

10/2015