

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

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

Clean Water Revolving Funds SRF/SWQIF Project Plan Submittal Form

Name of the Project	Applicant's Federal Employer Identification Number (EIN)	
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.)	Areas Served by this Project	
	Counties _____	
Address of Applicant (Street, PO Box, City, State & Zip)	Congressional Districts _____	
	State Senate Districts _____	
	State House Districts _____	
NPDES Permit Number (if permit holder)	Associated SAW Grant Number (if applicable)	
Brief Description of the SRF/SWQIF Project		
Disadvantaged Community Determination		
<input type="checkbox"/> The applicant is requesting a disadvantaged community determination, and a completed <i>Disadvantaged Community Status Determination Worksheet</i> is attached.		
Estimated Total Cost of the SRF/SWQIF Project	SRF/SWQIF Construction Start Target Date	
Name and Title of Applicant's Authorized Representative		
Address of Authorized Representative (if different from above)	Telephone	
	E-Mail Address	
Signature of Authorized Representative		Date
Joint Resolution(s) of Project Plan Adoption/Authorized Representative Designation is attached. check here <input type="checkbox"/>		

A final project plan, prepared and adopted in accordance with the Department's *Clean Water Revolving Funds (SRF and SWQIF) Project Plan Preparation Guidance*, must be submitted by July 1st in order for a proposed project to be considered for placement on a 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

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

**A RESOLUTION ADOPTING A FINAL PROJECT PLAN
FOR WASTEWATER SYSTEM IMPROVEMENTS or
NPS POLLUTION CONTROL/STORMWATER IMPROVEMENTS AND
DESIGNATING AN AUTHORIZED PROJECT REPRESENTATIVE**

WHEREAS, the _____ (*legal name of applicant*) recognizes the need to make improvements to its existing wastewater treatment and collection system or its existing NPS pollution control/stormwater treatment 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 No. _____).

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 revolving fund loan to assist in the implementation of the selected alternative.

Yeas:

Nays:

Abstain:

Absent:

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
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.