# Clean Water Revolving Funds

## SRF/SWQIF Project Plan Submittal Form

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

**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.)*

<table>
<thead>
<tr>
<th>Areas Served by this Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counties ____________________</td>
</tr>
<tr>
<td>Congressional Districts _____</td>
</tr>
</tbody>
</table>

**Address of Applicant** *(Street, PO Box, City, State & Zip)*

<table>
<thead>
<tr>
<th>Associated SAW Grant Number (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Senate Districts ____________________</td>
</tr>
<tr>
<td>State House Districts _____________________</td>
</tr>
</tbody>
</table>

**NPDES Permit Number** *(if permit holder)*

**Brief Description of the SRF/SWQIF 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 SRF/SWQIF Project**

**SRF/SWQIF Construction Start Target Date**

<table>
<thead>
<tr>
<th>Name and Title of Applicant’s Authorized Representative</th>
</tr>
</thead>
</table>

**Address of Authorized Representative** *(if different from above)*

<table>
<thead>
<tr>
<th>Telephone</th>
<th>E-Mail Address</th>
</tr>
</thead>
</table>

**Signature of Authorized Representative**

**Date**

☐ 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:

**REVERSING LOAN SECTION**

**OFFICE OF DRINKING WATER AND MUNICIPAL ASSISTANCE**

**MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY**

**PO BOX 30241**

**LANSING MI 48909-7741**

*(EQP 3523 REV 10/2015)*
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
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.

Yea:
Nay:
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.