

Michigan Department of Environment, Great Lakes, and Energy
 Gretchen Whitmer, Governor
 Liesl Eichler Clark, Director

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

Drinking Water Revolving Fund Project Plan Submittal

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 _____	
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 <input type="checkbox"/> (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 <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 Project		Construction Start Target Date	
Name and Title of Applicant's Authorized Representative		Telephone	E-mail Address
Address of Authorized Representative if same as address above, check here <input type="checkbox"/>			
Signature of Authorized Representative			Date
State approval of the water supplier's Surface Water Intake Protection Program is attached (if applicable) check here <input type="checkbox"/> State approval of the water supplier's Wellhead Protection Program is attached (if applicable) check here <input type="checkbox"/> Joint Resolution 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 *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:

WATER INFRASTRUCTURE FINANCING SECTION
 FINANCE DIVISION
 MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
 P O BOX 30457
 LANSING MI 48909-7957

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:

Mr. Robert Schneider
Water Infrastructure Financing Section
Finance Division
P.O. Box 30817
Lansing, MI 48909-8311
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.