



**DRINKING WATER STATE REVOLVING FUND  
PROJECT PLAN SUBMITTAL**

*Part 54, Safe Drinking Water Assistance, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended*

<b>Name of the Project</b>		<b>Applicant's Federal Employer Identification Number (EIN)</b>	
<b>Legal Name of Applicant</b> (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.)		<b>Areas Served by this Project</b>	
<b>Address of Applicant</b>  Street Address  PO Box  City                      State                      Zip		Counties	
		Congressional Districts	
		State Senate Districts	
State House Districts			
<b>Population Served by the Water Supplier</b>		<b>Water Supply Serial Number (WSSN)</b>	
<b>Brief Description of the Project</b>			
<b>Estimated Total Cost of the Project</b>		<b>Construction Start Target Date</b>	
<b>Name and Title of Applicant's Authorized Representative Name</b>		<b>Telephone</b>	<b>E-mail Address</b>
<b>Title</b>			

<b>Address of Authorized Representative - if same as address above, check here</b> <input type="checkbox"/> Street Address  PO Box  City <span style="margin-left: 150px;">State</span> <span style="margin-left: 100px;">Zip</span>	
<b>Signature of Authorized Representative</b>	<b>Date</b>
<b>State approval of the water supplier's Surface Water Intake Protection Program is attached (if applicable) check here</b> <input type="checkbox"/>  <b>State approval of the water supplier's Wellhead Protection Program is attached (if applicable) check here</b> <input type="checkbox"/>  <b>Joint Resolution of Project Plan Adoption/Authorized Representative Designation is attached check here</b> <input type="checkbox"/>	

A final project plan, prepared and adopted in accordance with the Department's *Drinking Water State Revolving Fund Program Project Plan Preparation Guidance*, must be submitted by July 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 your EGLE Water Infrastructure Financing Section Project Manager. Electronic submittal to Project Manager is acceptable.

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

For information or assistance on this publication, please contact the Drinking Water State Revolving Fund, through EGLE Environmental Assistance Center at 800-662-9278. This publication is available in alternative formats upon request.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.

**SAMPLE RESOLUTION  
(to be used as a model)**

**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 \_\_\_\_\_;

**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 State Revolving Fund Loan to assist in the implementation of the selected alternative.

Yeas (names of Members voting Yes):

Nays (names of Members voting No):

I certify that the above Resolution was adopted by \_\_\_\_\_ (*the governing body of the applicant*) on \_\_\_\_\_.

BY: \_\_\_\_\_  
Name (please print or type) Title

\_\_\_\_\_  
Signature Date