Fiscal Sustainability Plan Certification Form

Describe SRF Project to be Funded: OR SRF Project Number _____

_____

_____

Check one box below:

☐ FSP does not apply because:

- ☐ The project is for a new treatment works system.
- ☐ The project involves an upgrade that does not involve repair/replacement or expansion of a treatment works system.
- ☐ The project is for nonpoint source work.
- ☐ Other (explain)

☐ FSP is complete for the SRF-funded project and is available for review by contacting:

_____
(Name) (Phone)

_____

_____

I certify that _____ has developed and implemented a plan that meets
(Applicant's Name)
the requirements of Section 603(d)(1)(E)(i) of the Water Resources Reform and Development Act of 2014. The FSP includes an inventory of critical assets, an evaluation of the condition and performance of inventoried assets, a plan for maintaining, repairing, and as necessary, replacing the treatment works, and a plan for funding such activities. The applicant also certifies that the water and energy conservation efforts have been evaluated and will be implemented.

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

_____
Signature of Authorized Representative Date