



## INTENT TO APPLY FORM

This Intent to Apply (ITA) form is REQUIRED of applicants who intend to apply for funding through the Drinking Water Revolving Fund (DWRF).

**Deadlines:** This form may be submitted at any time, but must be submitted on or before December 31, for consideration for funding and placement on the Project Priority List (PPL) for the upcoming fiscal year (final project plans are due by May 1). The ITA expires in one year and must be resubmitted each year by December 31 if the project(s) did not get ranked on the previous PPL, or did not proceed with funding. If changes (scope, cost, etc.) are made to project(s) submitted with the initial ITA (including those listed as future on the PPL), an updated form is required by the following December 31 to remain on the PPL.

**Pre-Application Meeting:** The Applicant Contact will be contacted by the assigned Revolving Loan Section (RLS) project manager within 14 days of receipt of this ITA to discuss scheduling a pre-application meeting. This meeting is mandatory in most cases and may be held in person (preferred) or via conference call. Required attendees will include the RLS project manager, MDEQ district engineer, and applicant representative(s). Optional attendees may include the consulting engineer, public works staff and/or certified operator, RLS technical support staff, MDEQ enforcement staff (if applicable) and/or district compliance staff, other funding agencies, or other interested parties.

**Questions:** Please visit our website at [www.michigan.gov/drinkingwaterrevolvingfund](http://www.michigan.gov/drinkingwaterrevolvingfund) or call 517-284-5433.

**DEQ Use Only:** RLS Project Manager \_\_\_\_\_  
 District Engineer \_\_\_\_\_ Project Number \_\_\_\_\_

### CONTACT INFORMATION

Water System Name:	WSSN:
Applicant Legal Name:	
Mailing Address (street, city, state, zip+4):	
Applicant Contact Name:	Title:
Mailing Address (street, city, state, zip+4):	
Phone No.:	Email:
Consulting Engineer Name (if applicable):	Firm:
Mailing Address (street, city, state, zip+4):	
Phone:	Email:

### PROJECT INFORMATION

Project Need (check all that apply):  Violation(s) of Drinking Water Standards  Enforcement Action  Lack of Suitable Water Supply  Capacity  Structural Integrity  Redundancy / Reliability  Other:

Project Description (Please attach planning area map):

Project Location (street address or nearest cross streets):

City/Village/Township:

County:

Borrower Population:	
Population Served by Project:	
Estimated Total Project Cost:	Estimated DWRP Loan Amount:
Other Funding Sources (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Cash <input type="checkbox"/> Bond <input type="checkbox"/> MDOT <input type="checkbox"/> MEDC <input type="checkbox"/> USDA Rural Development <input type="checkbox"/> Other:	
Proposed Construction Start Date (mm/yyyy):	Proposed Construction End Date (mm/yyyy):
In which fiscal year do you intend to apply?	
Is this a phased project (multiple loans or projects)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Existing Planning Documents (check all that apply; do not need to submit at this time): <input type="checkbox"/> None <input type="checkbox"/> Capital Improvements Plan <input type="checkbox"/> Asset Management Plan <input type="checkbox"/> Project Plan <input type="checkbox"/> Reliability Study <input type="checkbox"/> Master Plan <input type="checkbox"/> Other:	
Will this project be combined with other projects? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
<b>ADDITIONAL INFORMATION</b>	
Disadvantaged Community?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown *For a preliminary determination from the MDEQ, complete and attach Form EQP 3530.	
Does the proposed project include any green infrastructure, water or energy efficiency improvements, or other environmentally innovative activities that may qualify for Green Project Reserve (GPR) funding? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please describe:	
Additional Information:	
Form Completed By:	
Title:	Date:

Please submit the form and any applicable attachments by email to DEQ-DWMAD-[RevolvingLoanSection@michigan.gov](mailto:RevolvingLoanSection@michigan.gov) or by mail to:

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER AND MUNICIPAL ASSISTANCE DIVISION  
REVOLVING LOAN SECTION

**Mailing Address:**

PO BOX 30817  
LANSING MI 48909-8311

**Delivery Address:**

CONSTITUTION HALL 4<sup>TH</sup> FLOOR SOUTH  
525 W ALLEGAN STREET  
LANSING MI 48933