



# **APPLICATION FORM**

## **Wastewater State Revolving Fund Loan Program (WWSRF)**

*Return completed form:*  
**WWSRF Administrator**  
**100 North Senate Avenue, Rm. 1275**  
**Indianapolis, IN 46204**

### **Section I. APPLICANT INFORMATION**

1. Applicant name (political subdivision): \_\_\_\_\_
2. Type of Applicant (check one):  City  Town  County  Conservancy District  Regional Sewer District  Other
3. Wastewater Treatment Provider: Current: \_\_\_\_\_ Proposed: \_\_\_\_\_
4. NPDES Number: \_\_\_\_\_
5. If community does not or will not own a treatment plant is there an inter-local agreement in place?  Yes  No
6. Location of the Proposed Project: City / Town: \_\_\_\_\_  
County(ies): \_\_\_\_\_ Civil Township(s): \_\_\_\_\_  
State Representative District: \_\_\_\_\_ State Senate District: \_\_\_\_\_ Congressional District: \_\_\_\_\_
7. Service Area Population (<http://factfinder.census.gov>): \_\_\_\_\_
8. Population Trend, select one (<http://factfinder.census.gov>):  Increasing  Decreasing
9. Median Household Income for Service Area (<http://factfinder.census.gov>): \_\_\_\_\_
10. Unemployment Rate Data (<http://data.bls.gov>): \_\_\_\_\_
11. Number of Connections: (Current): \_\_\_\_\_ (Post -Project): \_\_\_\_\_
12. Current User Rate/4,000 gallons: \_\_\_\_\_ Estimated Post-Project User Rate/4,000 gallons: \_\_\_\_\_
13. Applicant's Data Universal Numbering System (DUNS) Number<sup>1</sup>: \_\_\_\_\_
14. Were Architectural and Engineering (A&E) services procured?  Yes  No
15. If A&E services were procured, was procurement done pursuant to 40 USC Chapter 11?:  Yes  No
16. Has the utility participated in Regional Planning Initiatives<sup>2</sup>:  Yes  No

<sup>1</sup> SRF Participants must register with SAM.gov, which requires the Participant to have a DUNS Number. For more information about how to obtain a DUNS Number and register in SAM.gov, see [www.srf.in.gov](http://www.srf.in.gov)

<sup>2</sup> Per IC 5-1.2-11.5-7, as of Jan 1, 2021 to apply to the CWSRF program a utility must demonstrate to the Authority that its officers and employees have participated in Regional study area activities, such as annual meetings.

## **Section II. CONTACT INFORMATION**

**Authorized Signatory** (An official of the Community or wastewater system that is authorized to contractually obligate the applicant with respect to the proposed project.):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone # (include area code): \_\_\_\_\_

E-mail: \_\_\_\_\_

**Applicant Staff Contact** (person to be contacted directly for information if different from authorized signatory):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone # (include area code): \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Certified Operator:**

Name: \_\_\_\_\_

Telephone # (include area code): \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Grant Administrator** (if applicable):

Contact: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone # (include area code): \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Consulting Engineer:**

Contact: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone # (include area code): \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Bond Counsel:**

Contact: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone # (include area code): \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Financial Advisor:**

Contact: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone # (include area code): \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Local Counsel:**

Contact: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone # (include area code): \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Section III. PROJECT INFORMATION**

#### **1. Project Need:**

Complete as many of the following categories that apply to your project. Provide a brief description of the needs/problems associated with each. Descriptions can be found in [Appendix A](#). Please attach additional sheets if necessary.

Secondary Treatment:	
Advanced Treatment:	
Infiltration/ Inflow Correction and/ or Major Sewer System Rehabilitation:	
New Collection and/or Interceptor Sewers:	
Combined Sewer Overflow Correction	
Storm Water Management	
Nonpoint Source Management	

**2. Proposed Project:** Describe the scope of the proposed project and how it will address the applicant's needs as enumerated above. Please provide a map/ figure showing proposed work areas. *Please attach additional sheets if necessary.*

Click here to enter text.

#### **3. Environmental Benefits**

Public Health / National Pollutant Discharge Elimination System (NPDES) Violation / Agreed Order

Will this project achieve compliance?  Yes  No **OR** Maintain compliance?  Yes  No

Permit Information

- a. Will the NPDES permit be revised as part of this project?  Yes  No
- b. If the plant will increase its treatment capacity, have you requested a Wasteload Allocation from IDEM's Office of Water Quality Modeling Section?  Yes  No
- c. Will the project require an Antidegradation Demonstration prior to approval?  Yes  No

**4. Does any part of the proposed project address:**

- a. Elements of the CSO Long Term Control Plan?  Yes  No
- b. Stormwater MS4 (Rule 13) Best Management Practices?  Yes  No
- c. An existing Watershed Management Plan?  Yes  No

**5. Does the applicant have an Asset Management Plan in place?:**  Yes  No

**6. What receiving stream(s) does the wastewater treatment plant and/or CSOs project impact (if any)?:**

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**7. Will the proposed project incorporate Green Project or Climate Ready Components?  Yes  No**

If yes, complete the appropriate Checklist, found at <http://www.in.gov/ifa/srf/2385.htm> .

## **Section IV. COST INFORMATION**

1. **Project Cost Estimate:** Include estimates for ALL projects identified in the Project Information, Section III, A.

*Indicate estimates for each project. Please attach additional sheets if necessary.*

**Estimated Construction Costs:**

(I) Secondary Treatment	\$ _____
(II) Advanced Treatment	\$ _____
(IIIA) Inflow / Infiltration Correction	\$ _____
(IIIB) Major Sewer System Rehabilitation	\$ _____
(IV-A) New Collection Sewers	\$ _____
(IV-B) New Interceptor Sewers	\$ _____
(V) Combined Sewer Overflow Correction	\$ _____
(VI) Storm Water Management	\$ _____
(VII-A-K) Nonpoint Source Needs	\$ _____

**Contingencies** \$ \_\_\_\_\_

**TOTAL CONSTRUCTION:** \$ \_\_\_\_\_

**Estimated Non-Construction Costs:**

Financial, Legal, etc.	\$ _____
Engineering	\$ _____
Other Non-construction Costs	\$ _____
(Describe: _____)	
Land/ Easement Acquisition	\$ _____
<b>TOTAL NON-CONSTRUCTION:</b>	\$ _____

**TOTAL PROJECT COST (Estimated):** \$ \_\_\_\_\_

2. Please identify any other funding sources being considered, the amount requested and the anticipated funding time frame:

	Application Submittal (date)	Amount Requested (dollars)	Amount Awarded (if applicable)
Office of Community and Rural Affairs			
U.S. Dept. of Commerce Economic Development Administration			
U.S. Dept. of Agriculture Rural Development			
Local Funds			
Other: _____			

3. Anticipated SRF Loan Amount (after other funding): \_\_\_\_\_

4. What was the date of the last full State Board of Accounts Audit?: \_\_\_\_\_

5. Will this project proceed if other funding sources are not in place?:  Yes  No

6. Important Anticipated Dates

Preliminary Engineering Report Submittal:\_\_\_\_\_

Bid Open Date:\_\_\_\_\_

SRF Loan Closing:\_\_\_\_\_

Construction Start:\_\_\_\_\_

Construction Complete:\_\_\_\_\_

**Section V. SIGNATURE**

**I certify that I am legally authorized by the legislative body to sign this application. To the best of my knowledge and belief, the foregoing information is true and correct.**

**Signature of Authorized Signatory (Community Official)**

**Printed or Typed Name**

**Title of Authorized Signatory**

**Date**