



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) Number¹: _____
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 Initiatives²: ☐ Yes ☐ No

¹ 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

² 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	\$ _____

TOTAL NON-CONSTRUCTION: \$ _____

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