



GRANT APPLICATION

NYS WATER INFRASTRUCTURE IMPROVEMENT ACT (WIIA)

&

NYS INTERMUNICIPAL WATER INFRASTRUCTURE GRANTS PROGRAM (IMG)

DRINKING WATER

A. APPLICANT

Name of Applicant: County:
Federal I.D. Number: DUNS Number:

Authorized Representative: Phone:
Mailing Address: Email:

Daily Contact Name: Phone:
Title: Email:
Company:

Engineering Consultant: Phone:
Title: Email:
Company:

B. GENERAL INFORMATION

Project Name:
Project Location:
Latitude Longitude
Service Area:
Population of Project Area:
Public Water Supply ID Number

Legislative Districts
(you may include two districts)
US NY NY
Congress Senate Assembly

Estimated Total Project Cost: \$ Design Start Date:
Construction Start Date: Construction End Date:

Check "T" for a target date and "A" for an actual date



3. Which of the following categories does the project scope address?

- Source Treatment Storage Distribution

4. Has any portion of your source, treatment, or distribution system been compromised or created a situation where the system users were without water?

5. Is the project required through an enforcement action, such as a DOH violation, DOH and/or EPA consent order, judicial order, compliance schedule?

- No Yes

If yes, indicate the type, date of execution and reason for the enforcement action as it relates to the project. Please submit a copy of the executed enforcement action or compliance order with the grant application.

6. Describe the project's community impacts, including but not limited to, public support for the project, critical community resources served by this project, or economic development impacts.



7. Is the project identified in any regional planning initiatives (e.g., a Comprehensive Plan, Regional Planning document, Waterfront Revitalization Plan, Watershed Plan or Estuary Plan)?

No Yes If yes, describe below and attach applicable documents:

8. Does the project require easements or land acquisition?

No Yes If yes, describe the status of obtaining the easements and/or land:

9. Does the project require debt exclusion approval from the Office of the State Comptroller (OSC)?

No Yes If yes, describe the status:



10. Check the applicable box(es) below to indicate the financing plan for the balance of the project following a grant award.

- Municipal Contributions Amount: \$ _____
- Interfund Borrowing Amount: \$ _____
- DWSRF Financial Assistance

- The project is currently listed on 2017 Intended Use Plan (IUP)
DWSRF Project Number: _____

- A project listing for the 2018 IUP will be submitted

Note: If awarded an IMG grant, the project will not be eligible for subsidized financing through EFC and will only be eligible to apply for short-term market-rate financing.

Non-EFC Debt/Grants

Type (BAN*, Bonds, Grants, other)	Amount	Status (provide dates)		
		Applied	Approved	Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Please indicate if the BAN is callable, and if so, provide call date.

Other Funding, please describe:

11. Has the Applicant submitted timely annual financial reports to OSC for each of the last three years?

No Yes If no, please explain:



E. TOTAL PROJECT BUDGET

Please add line items to the budget as needed. If you have additional questions, please call EFC or refer to the Intended Use Plan.

Category	Estimated Costs
1. Construction Costs	
Contract 1	\$
Contract 2	\$
Contract 3	\$
Contract 4	\$
2. Engineering Costs	
a. Planning	\$
b. Design	\$
c. Construction	\$
d. Other	\$
3. Other Expenses	
a. Local Counsel	\$
b. Bond Counsel	\$
c. Work Force	
- Technical	\$
- Administrative	\$
d. Fiscal Services	\$
e. Net Interest	\$
f. Miscellaneous (please describe)	\$
	\$
	\$
	\$
4. Equipment	\$
5. Land Acquisition	\$
6. Contingencies	\$
7. Total Project Costs (sum lines 1-6)	\$
8. Less: Other Sources of Funding	\$
9. Total Financial Assistance Requested (line 7 minus line 8)	\$
10. SRF Issuance Costs ¹ . Percentages should be applied to line 9.	
a. Direct Expenses (1.0%)	\$
b. State Bond Issuance Charge (.84%)	\$
c. Administrative Fee (1.1%)	\$
11. TOTAL (sum of lines 9,10a,10b, and 10c)	\$

¹ Applicable to long-term non-hardship financings.



F. REQUIRED DOCUMENTS

- For All Applications: The following documents are **required and must be submitted with the application** if not previously submitted to DOH/EFC. If any of these items are unavailable, do not continue with the application at this time.

Enclosed	Previously Submitted to DOH/EFC	
<input type="checkbox"/>	<input type="checkbox"/>	Engineering Report
<input type="checkbox"/>	<input type="checkbox"/>	Smart Growth Assessment Form
<input type="checkbox"/>	<input type="checkbox"/>	Environmental Review Determination
<input type="checkbox"/>	<input type="checkbox"/>	SHPO Project Review Determination Letter
<input type="checkbox"/>	<input type="checkbox"/>	Bond Resolution (Certified) and/or Board Resolution (Certified)

- As Applicable: the following documents are **required and must be submitted with the application** if not previously submitted to DOH/EFC. If any of these items apply to your project and are unavailable, do not continue with the application at this time.

Enclosed	Previously Submitted EFC/DOH	Not Applicable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intermunicipal Agreement (Executed and Current) <i>(Required if applying for IMG)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DWSRF Financing Application <i>(Required if applying for WIIA or IMG grants with DWSRF Financing)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water District, District Extension Formation or Other OSC Approvals

G. SUPPORTING DOCUMENTS

Submit any documents that demonstrate support for and/or readiness to proceed with the project.

H. ACKNOWLEDGEMENTS

1. Upon submission of this application, you acknowledge your responsibility to comply with New York State Executive Law, Article 15-A with respect to Minority and Women's Business Enterprise – Equal Employment Opportunity requirements, and to the State Smart Growth Public Infrastructure Policy Act. By checking this box, you acknowledge that you are aware of these obligations and that you are authorized to make this acknowledgement on behalf of the applicant.

IMG MWBE Goals with DWSRF financial assistance - 24%
WIIA MWBE Goals with DWSRF financial assistance - 26%
MWBE Goals for WIIA or IMG Grant-Only applicants - 30%
EEO goals for all applicants - % varies by County (<http://www.efc.ny.gov/mwbe>)

Acknowledged

2. In order to receive financing assistance through the DWSRF, you will need to meet various other New York State and federal requirements. These requirements include, but are not limited to, Davis-Bacon Federal Prevailing Wage and related acts, and American Iron and Steel requirement. Recipients of SRF financial assistance will be required to perform certain actions to verify compliance and ensure certain provisions are contained in all contracts and subcontracts. By checking this box, you acknowledge that you are aware of this requirement and that you are authorized to make this acknowledgement on behalf of the Applicant.

Acknowledged

Please refer to the current IUP for your responsibilities under these programs.



I. SIGNATURE FOR GRANT APPLICATION

CERTIFICATION: On behalf of the Applicant, and in accordance with the board resolution by

_____ (governing body of municipal applicant)

authorizing me to do so, I apply for a WIIA grant or IMG grant for the project described in this application. By signing this application, I certify and agree on behalf of the Applicant and its governing body that all of the information contained in this application, in other statements and exhibits attached hereto or referenced herein, and in all statements, data and supporting documents which have been made or furnished for the purpose of receiving a WIIA grant or IMG grant for the project described herein, are true, correct and complete to the best of my knowledge and belief.

I further agree on behalf of the Applicant that, if DWSRF Assistance is provided for the project described in this application, the Applicant shall comply with all applicable provisions of the Federal Safe Drinking Water Act, 42 U.S.C. §§ 300f, et seq., and applicable provisions of state law, codified under Chapter 413 of the Laws of New York of 1996, 10 NYCRR Part 53, and 21 NYCRR Part 2604, as amended, regarding DWSRF Assistance.

I further agree that the Applicant will comply with the provisions of the Minority and Women’s Business Enterprise – Equal Employment Opportunity requirements of Article 15-A of the New York State Executive Law and will maintain such records and take such actions necessary to demonstrate such compliance throughout the construction of the project.

Further, I acknowledge that offering a written instrument knowing that the written instrument contains a false statement or false information, with the intent to defraud the State or any political subdivision, public authority or public benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority or public benefit corporation of the State, constitutes a crime under New York State Law.

_____ (Signature of Authorized Representative)

_____ (Date)

_____ (Name and Title)

_____ (Applicant)