CWRF Funding Cycle 2007 Project Priority List

Application # CW - _ _ _ - 2007 (WIFA use only)

SECTION 1: APPLICANT INFORMATION

1.1 Applicant: _____ Contact: _____

1.2 Address: _____ City: _____ State: _____ Zip: _____

1.3 Phone: _____ Fax: _____ E-mail: _____

1.4 County in Which Project is Located: _____

1.5 Number of Benefiting Connections: _____ Population Served by the System: _____

1.6 Average Monthly User Fees *(Base & Use)*: $ _____

1.7 Total Debt *(Principal Only)* Payable by System Users:$ _____

1.8 Median Household Income: $ _____

1.9 Aquifer Protection Permit Number: _____

1.10 Has this project received prior year WIFA funding (*Grant or Loan*)?: ◯ No ◯ Yes

SECTION 2: PROJECT DESCRIPTION

2.1 Project Title/Name: _____

2.2 Briefly summarize the reason for the proposed project and/or attach a summary: *(Summary should describe the existing facilities, current conditions initiating the proposed project and/or Notice of Violations/Consent Orders)*

_____

2.3 Is the Project consistent with the Water Quality Management (208) Plan? ◯ Yes ◯ No

2.4 Project Description *(Check all appropriate Project Category(ies) and Project Type within the Project Category)*

- ☐ Facility Upgrade
  - ☐ Meet More Stringent Standards
  - ☐ Relieve Existing Design Inadequacies
  - ☐ Resolve Existing O/M Violations
- ☐ Expand Treatment Capacity
  - ☐ Existing Service Area
  - ☐ Unsewered Area Outside Service Area
  - ☐ Future Growth
- ☐ Collection Lines
  - ☐ Extend Service to Unsewered Area with Documented Water Quality Problem
  - ☐ Rehabilitate or Replace Existing Lines
  - ☐ Extend Service to Unsewered Area
  - ☐ Replace Lines for Existing Growth
  - ☐ Replace Lines for Future Growth
- ☐ Additional Disposal Capacity

2.5 Type of Loan required during funding cycle 2007 *(Check all Applicable)*

☐ Design ☐ Construction

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2.6 Reclaim, Reuse & Recharge (*Check all Applicable*)

☐ The project will reclaim, reuse, or recharge the effluent.

Project will generate class _____ reclaimed water for direct or indirect reuse.

2.7 Facility will Discharge to: *(Check all Applicable)*

☐ Surface Water Discharge Name/Location: _____

☐ Groundwater/Aquifer Discharge Name/Location _____

☐ Other Use *(including reclaiming and reusing; summarize on a separate attachment)*

2.8 Consolidation and Regionalization *(Check all Applicable)*

☐ Consolidate Existing Physical Facilities ☐ Consolidate Existing Service Areas

☐ Consolidate Existing Operations ☐ Consolidate Existing Ownerships

SECTION 3: AMOUNT OF PROJECT FUNDING ASSISTANCE

3.1 Estimated Financial Assistance Costs & Funding Sources

Total Financial Costs	Amount Requested from WIFA		Amount Funded Locally	Amount Funded from Other Sources
	Design	Construction		
$ _____	= $ _____	+ $ _____	+$ _____	+ $ _____

Provide Names of Any Other Funding Sources: _____

SECTION 4: READINESS TO PROCEED INDICATORS

4.1 Debt Authorization: *(For more information, see WIFA Debt Authorization Guidance Document)*

○ Authorized - Enclose copy of official governing body debt authorization resolution.

○ Scheduled - Anticipated Election or Authorization Date *(Insert date)*: _____

4.2 Project Plans & Specifications: *(Check Only One)*

○ Approved - Enclose Approval Notification.

○ Scheduled for Approval - Anticipated Approval Date *(Insert date)*: _____

○ Engineer Selected - Anticipated Approval Date (*Insert date*): _____

○ Engineer Not Selected

4.3 Applicable Local, State, and Federal Project Permits: *(Check Only One)*

○ Obtained - Enclose Approval Notification(s).

○ Scheduled to Obtain Permit(s) - Anticipated Permit(s) Date *(Insert date)*: _____

○ Date of Approval Unknown

○ Not Applicable - Explain _____

4.4 Project Bids: *(Check Only One)*

○ Accepted

○ Scheduled to Solicit Bids - Anticipated Solicitation Date *(Insert date)*: _____

○ Date of Bid Solicitation Unknown

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Section 5: Certification & Approval

As the Authorized Representative, I certify that the information contained in this application is, to the best of my knowledge, true, accurate, and correct.

Signature:

Name:_____ Title:_____ Date:_____

Instructions to Submit Application

(Must Complete Both Steps)

Step 1: Print and Email completed application to WIFA by clicking on the "Print & Submit by Email" button below.

Step 2: Sign and mail completed application to WIFA at 1110 West Washington Street, Phoenix, AZ 85007.

Print & Submit by Email