



MARYLAND WATER QUALITY FINANCING ADMINISTRATION (MWQFA) APPLICATION FOR FFY 2017/STATE FY 2019 CAPITAL PROJECT FINANCIAL ASSISTANCE DRINKING WATER PROJECTS

For assistance, please contact Elaine Dietz at elaine.dietz@maryland.gov or 410-537-3908

APPLICATION TYPE (Review the Drinking Water Funding Eligibility Chart and select one of the following.)

- [ ] Consider this project for all sources of MDE funding: Drinking Water Revolving Loan Fund (DWRLF) low-interest loan... [ ] Consider this project for Water Supply Grant only.

PROJECT INFORMATION (Attach a copy of a current street map with the exact project location clearly marked.)

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

Project Address: \_\_\_\_\_ (Provide for location of the funded activity. If project spans large area, enter street address (9-digit Zip Code required) that best represents center of project area)

County: \_\_\_\_\_ Latitude: (00.000000) \_\_\_\_\_ Longitude: (00.000000) \_\_\_\_\_

Congressional District: \_\_\_\_\_ See Supplementary Mapping Instructions for help.

Legislative District: \_\_\_\_\_ See Supplementary Mapping Instructions for help.

APPLICANT INFORMATION

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

Applicant Address: (incl. 9-digit Zip Code) \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Federal Tax Identification Number: \_\_\_\_\_

CONTACT INFORMATION

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Address: (incl. 9-digit Zip Code) \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

- I. **DRINKING WATER PROJECT TYPE** [Check appropriate project type.] (If the project scope consists of multiple types, it should be split into separate projects with one application submitted per type.)
- Source  Treatment
- Storage  Other: \_\_\_\_\_
- Transmission & Distribution

**TAKE NOTE OF THE FOLLOWING WHEN COMPLETING THE REMAINDER OF THE APPLICATION**

- ☞ Submittal of requested documentation is necessary for the evaluation of the application. Failing to submit requested documents can **significantly impact the final score and rank** of the project.
- ☞ When providing additional information on a separate page, please include the applicant and project name, and refer to the corresponding section number and heading of the application as specified.

II. **THRESHOLD CRITERIA** (Please answer the questions below and provide supporting documentation where requested as a clearly labeled attachment to the application.)

- a. **Is the project a public or privately-owned “community” water system (serving at least 25 persons or 15 connections year-round) or a “non-profit non-community” water system?**

- Yes, system is a community water system**
- Yes, system is a non-profit, non-community water system**
- No – If no, the applicant/project is ineligible for MDE funding.**

- b. **Is the project (and the area served by it) located entirely within a Priority Funding Area (PFA) as shown on the PFA map created by Maryland Department of Planning (MDP) based on the local map?**

**Yes** – Attach a **color** copy of the current MDP PFA map that shows the PFAs and PFA Comment Areas, if any, in the vicinity of the project and **mark the location of the project (including linear features) and its service area** on the map. See [Supplementary Mapping Instructions](#) for help.

**No** – Provide an explanation on a separate page. If the project and the area served by it are not located entirely within a PFA, the project will not be eligible for financial assistance until the PFA consistency issue is resolved. For guidance on PFA exception, go to the PFA Exception Procedure or call Janice Outen, Water Resource Planning Unit at (410) 271-8893. (Note: If an exception has already been granted, provide a copy of the exception determination.)

- c. **Is the project included in (or amended to) the MDE-approved County Water & Sewer Plan and consistent with the local Land Use Plan?**

**Yes** – Provide a copy of the applicable page(s) from the current MDE-approved County Water & Sewer Plan and approved amendments. In addition, provide a **color** copy of the service area map and fill in the information below.

Date of MDE-approved County Water & Sewer Plan: \_\_\_\_\_

Applicable page number(s): \_\_\_\_\_

Title and date of MDE-approved service area map: \_\_\_\_\_

Date of MDE approval letter for an amendment: \_\_\_\_\_

- No** – If no, the project is ineligible for MDE funding.

- d. **Has a Drinking Water Audit been prepared for the water system?** To be considered for funding, water systems serving a population greater than 10,000 must submit a Drinking Water Audit for the previous year in accordance with MDE guidance found at: [Water Conservation and Water Audit Guidance Documents](#). (Water systems that serve a population of 10,000 or fewer are encouraged to prepare a Drinking Water Audit for the previous year in accordance with MDE guidance; doing so may enhance the project's ranking status.)

If system serves a population of >10,000

**Yes** – Provide a copy of the audit document.

**No** – The project is ineligible for MDE funding.

If system serves a population of ≤10,000

**Yes** – Provide a copy of the audit document

**No**

- e. **Has a Water Conservation Plan been prepared for the water system?** To be considered for funding, water systems serving a population greater than 10,000 must submit a Water Conservation Plan prepared in accordance with MDE guidance found at: [Water Conservation and Water Audit Guidance Documents](#). (Water systems that serve a population of 10,000 or fewer are encouraged to prepare a Water Conservation Plan in accordance with MDE guidance; doing so may enhance the project's ranking status.)

If system serves a population of >10,000

**Yes** – Provide a copy of Water Conservation Plan.

**No** – The project is ineligible for MDE funding

If system serves a population of ≤10,000

**Yes** – Provide a copy of Water Conservation Plan.

**No**

- f. **Has a Water Supply Capacity Management Plan (WSCMP) been submitted to MDE?** Community water systems supplying over 20,000 gallons per day (gpd) are required to submit a WSCMP to MDE if the water supply system is: 1) operating at 80 percent or more of its Water Appropriation Permit; 2) failing to meet the Special Conditions of its Water Appropriation Permit; 3) purchasing water and operating at 80 percent of its contractual limit for the purchased water; or 4) subject to a consent order with MDE or the U.S. Environmental Protection Agency/U.S. Department of Justice. WSCMP must be prepared in accordance to MDE guidance found at: [Capacity Plan Guidance](#).

If one or more of the criteria apply

**Yes** – Provide a copy of the WSCMP

**No** – The project is ineligible for MDE funding

- g. **Is the project primarily for fire protection?**  **Yes** – The project is ineligible for MDE funding.  **No**

**III. PROJECT PURPOSE AND SUMMARY** (Provide the following information in the requested format. On a separate page titled "Project Purpose and Summary" immediately following this application, provide a brief description of the project by answering the following questions in the order shown (labeled III.a through III.c).)

- a. **What is the proposed project?** Include the existing and proposed capacities, length and size of pipes, location of service area, etc. (Note: If you have determined that your project fully or partially qualifies as a green project based on the [EPA guidance](#), include reference to the specific section of the guidance as part of the project description.)
- b. **What is the purpose of the project, why is the project needed, and what problem is being corrected?** Include whether the project is to assist a non-compliant system to achieve compliance; assist a compliant system to maintain compliance; assist a compliant system to meet future requirements; or for other purposes not related to compliance.
- c. **Has the project been previously submitted to MWQFA for funding consideration? If so, by what project name, how has the scope of work changed since that submittal, and was the project selected to receive funding?**

**IV. PROJECT SUPPORTING DOCUMENTS** (Please answer the questions below and provide supporting documentation as requested. Failing to submit requested documents can significantly impact the final score and rank of the project.)

- a. **Is the project necessary to address a drinking water "quality" problem (e.g., persistent Maximum Contaminant Level (MCL) exceedances, treatment technique violations, exceedance of action levels or secondary standards)?**
- Yes** – Summarize on a separate page and provide necessary data and documentation indicating frequency of occurrence in the last two years.
- No**

- b. Is the project necessary to address a drinking water “quantity” issue (e.g., water shortage or pressure loss)?
- Yes – Summarize on a separate page and provide documentation of frequency and duration of occurrence in the last two years.
- No
- c. Is the project required due to a final administrative/judicial order or consent agreement?
- Yes – Summarize on a separate page and provide a copy of the administrative/judicial order or consent agreement, including the administrative/judicial order or consent agreement number.
- No
- d. Does the system owner have an Asset Management System?
- Yes – Provide supporting documentation as an attachment.
- No
- e. Is the project located in an Environmental Benefits District (EBD)? (See [Supplementary Mapping Instructions](#) for help.)
- Yes – Provide a location map showing the project within an EBD.
- No
- f. Does the proposed project include sustainable green elements or provide for energy/water reduction?
- Yes – Provide supporting sustainable green elements documentation (e.g., Leadership in Energy and Environmental Design (LEED) rating, WaterSense-certified products, U.S. Environmental Protection Agency Water Quality Score Card, Positive Climate Change Impact) **or** provide documentation of energy/water reduction.
- No

V. **SYSTEM INFORMATION**

System Name: \_\_\_\_\_ PWS Number: \_\_\_\_\_

System Owner: \_\_\_\_\_ System Age (yrs): \_\_\_\_\_

System Owner Type:  Cooperative  County  Federal  Municipal  Private  State

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

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

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

- a. Does the project consolidate two or more systems?  Yes If yes, how many systems are eliminated? \_\_\_\_\_  
 No
- b. Does the project create a new system?  Yes  No
- c. Insert population information in the table below:

Description	# of users (Population)	# of households (EDUs)*
# of current users served system-wide (2017)		
# of current users served by proposed project (2017)		
# of future users served by the proposed project (2037)		
* EDUs = Equivalent Dwelling Units. The <b>shaded</b> fields are automatically calculated		

% Difference: \_\_\_\_\_ (Will automatically calculate from data entered in the table above)

d. Insert connection information in the table below:

Description	# of connections (Total)	# of connections (Residential)
# of current connections served system-wide (2017)		
# of current connections served by proposed project (2017)		
# of future connections served by the proposed project (2037)		

e. System size (for purpose of determining DWRLF and/or State Water Supply Grant subsidy eligibility):

**Small** - the project will benefit/serve a current population of <10,000 AND that same population will bear debt on loan taken for the project (e.g., back-charge)\*.

**Name of Small Entity:** \_\_\_\_\_ **Population:** \_\_\_\_\_

**Large** – a current population of ≥10,000 will bear debt on loan taken for the project (e.g. back-charge), whether the project benefits/serves a current population of <10,000 or ≥10,000.

**Name of Large Entity:** \_\_\_\_\_ **Population:** \_\_\_\_\_

**Not Applicable** – application is for grant funding only.

f. Water user rate schedule based on EDUs: System Wide:  Yes  No OR Proposed Project:  Yes  No

- Flat rate per quarter: \_\_\_\_\_ or;
- Actual water usage: Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_  
 Minimum use charge: \_\_\_\_\_  
 Additional use charge: \_\_\_\_\_  
 Fixed use charge: \_\_\_\_\_  
 Front foot charge: \_\_\_\_\_  
 Debt service charge: \_\_\_\_\_

VI. **PROJECT SCHEDULE AND CURRENT STATUS** (Provide the project schedule and architectural/engineering (A/E) firm below.)

Current project status:  Planning  Design  Bidding

Phase	Start (Month/Year)	Completion (Month/Year)	Percent Completion
Planning			
Design			
Bidding			
Construction*			
*Construction projects must be in construction by <b>December 31, 2018</b> to be considered for funding.			

A/E Firm: \_\_\_\_\_  Planning OR  Design  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**VII. PROJECT FUNDING** (Provide sources and uses of funding for this project and identify use(s) of the requested funding. Identify revenue sources for loan repayment, if seeking loan funding, on a separate page.)

**a. Identify the Project Funding Sources for your project in the tables below:**

MDE Funding Request (request for FY19)	Amount	Description
Total Amount Requested	<b>x.</b>	Includes loan, loan principal forgiveness, and/or State grant
Loan Amount Requested (see footnote)		Maximum DWRLF needed for this project
Green Component(s) Amount		How much of total above is green-eligible (as ID'd in Section III.a.)?

Other Funding	Amount	Funds Secured?	
MDE Grant Amount(s) FY18 and earlier*			
MDE Loan Amount(s) FY18 and earlier*			
Applicant*		<input type="checkbox"/> Yes <input type="checkbox"/> No	
U.S. Corps of Engineers *		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Federal (EPA) STAG/SAAP*		<input type="checkbox"/> Yes <input type="checkbox"/> No	
USDA Rural Development *		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CDBG (DHCD)*		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Miscellaneous*:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other Funding Total</b>	<b>y.</b>	<b>Total of all Prior and Additional Funding Sources</b>	

\* Include costs of planning/design/construction already completed.

<b>Source Total (x. + y.)</b>		Total Amount requested from MDE (FY19) plus Other Funding Total should match the Budget Total in VII.b
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**b. Identify the cost-breakout of the budget (Project Budget) in the table below:**

Project Funding Use(s)	Amount	Are MDE Grant and/or Loan Funds Requested for this	Is this line item already funded by an "Other Funding" source
A/E Planning*		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A/E Design*		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A/E Construction Management*		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction*		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Land*		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contingency*		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administrative*		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other*:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Budget Total</b>		Total should match the Source Total in VII.a.	

\* Include costs of planning/design/construction already completed.

An amount **MUST** be entered for MDE to consider this project for low-interest loan (including partial loan principal forgiveness, if eligible) as indicated by the "Application Type" selection made on Page 1. **If an amount is not entered, the project will only be considered for State grant funding (if eligible).** Please note the following:

- Requesting that a project be considered for DWRLF funding does not commit the applicant to take a loan.
- Projects for DWRLF consideration will be considered for loan principal forgiveness/State grant subsidy based on policies detailed in the Subsidy Funding Eligibility Chart.
- Enter the maximum amount of DWRLF funding (loan/loan principal forgiveness) of interest as a "worst case scenario" if State grant is not available for the project.
- Loan principal forgiveness (if eligible) is not offered without loan.
- Do not reduce the amount by the percentage of possible subsidy indicated by the Subsidy Funding Eligibility Chart. If the project is eligible for loan principal forgiveness, MDE will separate the loan portion from the loan principal forgiveness portion.

**VIII. PROJECT NUMERIC BENEFIT/COST-EFFECTIVENESS** (Please supply data for the project in the section below. Provide all calculations, including units and assumptions, as an attachment.)

**All projects:** Capital cost/EDU to be served by the project (Total Project \$/EDU served): \_\_\_\_\_

**Complete as applicable to the project:**

Linear Feet (lf) of Water Main/Rehab.: \_\_\_\_\_ Water Main Diameter (inches): \_\_\_\_\_

Current Water Treatment Flow (mgd): \_\_\_\_\_ Finished Water Storage (gallons): \_\_\_\_\_

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*I CERTIFY I AM AN AUTHORIZED OFFICIAL PERMITTED TO SIGN AND SUBMIT THIS APPLICATION ON BEHALF OF THE APPLICANT. I FURTHER CERTIFY ALL INFORMATION IN THIS APPLICATION AND THE ATTACHED MATERIALS ARE TRUE AND CORRECT.*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Authorized Official Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**GENERAL INFORMATION FOR APPLICANTS**

**Minority and Women Business Enterprise (M/WBE)/Disadvantaged Business Enterprise (DBE) Participation:**

**All Applicants:** All projects receiving State and/or Federal funding are required to comply with Minority and Women Business Enterprise (grant only projects) and Disadvantaged Business Enterprise (WQRLF projects) participation requirements. Please visit the following website: [M/WBE and DBE Guidance](#), requirements, threshold levels, and forms.

**Drinking Water State Revolving Loan Fund (SRF) Applicants Only:**

- The DWRLF program can provide loans up to 20 year term (up to 30-year term for Disadvantaged Communities).
- Projects funded with DWRLF are required to comply with the Federal prevailing Davis-Bacon wage rates, apply the American Iron and Steel (AIS) provision, and undergo an environmental review (by MDE) of the potential environmental impacts.
- Recipients of DWRLF must obtain a Data Universal Number System (DUNS) number, which is a unique nine-character identification number provided by D&B. Information regarding the DUNS number is located at [D&B D-U-N-S Request Service](#) website. Additionally, DWRLF recipients must maintain project accounts according to Generally Accepted Accounting Principles as issued by the Governmental Accounting Standards Board.
- Public entities applying for an DWRLF loan in excess of \$400,000 through the Maryland Water Quality Financing Administration (MWQFA) should declare official intent for reimbursement of costs the applicant wishes to be compensated for from tax-exempt debt (including a loan from MWQFA) prior to making any expenditure associated with the project. The Administration advises the applicant to coordinate those efforts with MDE and local/ borrower's bond counsel to ensure satisfaction of DWRLF loan requirements and IRS regulations.

**APPLICATION SUBMISSION**

Submit **three (3) signed hard copies** and **one CD or thumbdrive** of the complete application, attachments, and all supporting documents to:

**Ms. Elaine Dietz**  
Maryland Water Quality Financing Administration  
Maryland Department of the Environment  
Montgomery Park Business Center  
1800 Washington Boulevard, Suite 515  
Baltimore, MD 21230-1708

Must be received **NO LATER THAN JANUARY 31, 2017**