**STATE WATER INFRASTRUCTURE FUND (“SWIF”)**

**GRANT APPLICATION**

Internal Use - Project Number:

Return completed Application to*:* **SWIF@ifa.in.gov** by July 15, 2021

**Section I. APPLICANT and SYSTEM INFORMATION**

1. Applicant Name (community or utility name):
2. Type of Applicant (check one):

[ ]  Municipality (City, Town, County, Township)

[ ]  Regional Sewer or Water District

[ ]  Non-profit Water Corporation

[ ]  Conservancy District

[ ]  For-profit Utility

[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Project Type (check all that apply):

[ ]  Drinking Water [ ]  Stormwater

[ ]  Wastewater [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Project Name:
2. For **Drinking Water** **Projects only**: Public Water Supply ID Number:
3. For **Drinking Water Projects** **only**: Population Served (<https://myweb.in.gov/IDEM/DWW>):
4. For **Wastewater Projects only**: NPDES Number:
5. For **Wastewater** and **Stormwater** **Projects**: Service Area Population ([http://data.census.gov](http://data.census.gov/)) :
6. Location of the Proposed Project: City / Town:

County(ies):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Representative District: State Senate District: Congressional District:

1. Number of Connections (Current): (Post-Project):
2. Median Household Income for Service Area ([http:/data.census.gov](http:///data.census.gov)):
3. Current User Rate/4,000 gal.: Estimated Post-Project Rate/4,000 gal.:
4. Applicant’s Data Universal Numbering System (DUNS) Number[[1]](#footnote-1):

**Section II. CONTACT INFORMATION**

**Authorized Signatory** (an official of the Community or utility 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** (if applicable)**:**

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 -** Describe the current public health and/or water quality concerns, compliance issues, violations, or Agreed Orders. Describe the utility/facility needs in terms of age, condition, date of most recent rehabilitation/replacement. (Submit attachments if additional space is required).

Click here to enter text.

1. **Proposed Project -** Describe the scope of the proposed project and how it will address the public health, water quality, and/or how it will satisfy a regional solution, as enumerated above. (Submit attachments if additional space is required).

Click here to enter text.

1. **For wastewater/stormwater projects, does any part:**
	1. Achieve compliance of a CSO Long Term Control Plan? [ ] Yes [ ] No
	2. Reduce CSOs or SSOs? [ ] Yes [ ] No. If yes, by how much?
	3. Resolve an Agreed Order, Consent Decree, Sewer Ban? [ ] Yes [ ] No
	4. Eliminate septic tanks? [ ] Yes [ ] No. If yes, by how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. Reduce I&I? [ ] Yes [ ] No.
	6. Support regionalization (new or existing)? [ ] Yes [ ] No. If yes, describe.
	7. Include components of a Stormwater MS4 (Rule 13) Plan or Best Management Practices? [ ] Yes [ ] No
	8. Reduce pollution in an Outstanding State Resource (327 IAC 2-1.5-2 (3)), Exceptional Use Stream (327 IAC 2-1-11), Natural, Scenic and Recreational River or Stream (312 IAC 7-2), Outstanding Rivers List for Indiana (Indiana Register 20070530-IR 312070287NRA), or a salmonid stream (327 IAC 2-1.5-5(a)(3)), or an IDEM 303(d) listed waterbody?

[ ] Yes [ ] No. If yes, what is the waterbody?

* 1. Maintain or achieve compliance with effluent limitations based on established or future water quality standards?

[ ] Yes [ ] No

* 1. Reduce a pollutant(s)? [ ] Yes [ ] No. If yes, what pollutant and by how much?
	2. Incorporate elements that provide flexibility to adapt operations and functionality due to climate change and/or extreme weather event? [ ] Yes [ ] No
	3. Protects human health in another way, not listed above? If yes, describe.
1. **Important dates (check current status and enter estimated dates):**

**Design**: [ ] completed [ ] underway [ ] not yet started.

Estimated design completion date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Land acquisition/easements**: required for the project? [ ]  Yes [ ]  No

If land is needed: [ ] completed [ ] underway [ ] not yet started

Estimated design completion date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permits**: complete the following table regarding permits (No need to identify local/county permits)

|  |  |  |  |
| --- | --- | --- | --- |
| **Permit** | **Permit required?** **Please circle one.** | **If required, date submitted or expected date of submittal? (If not required, leave blank)** | **If required, date approved or expected date of approval? (If not required, leave blank)** |
| IDEM Construction | Y / N |  |  |
| IDEM Wetlands/Stream | Y / N |  |  |
| Army Corps of Engineers | Y / N |  |  |
| NOI – IDEM Stormwater | Y / N |  |  |
| NOI – Watermain Extension | Y / N |  |  |
| DNR Floodway/Floodplain | Y / N |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y / N |  |  |

Bids: [ ] Notice of Award issued [ ] all bids obtained [ ] underway [ ] not yet started.

Estimated bid opening date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated construction start date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated construction completion date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note, if a SWIF grant is awarded, the authorized signatory will be required to certify the above dates will be met.**

1. **Project Cost Estimate:**

**CONSTRUCTION: $**

Non-construction Costs $

**TOTAL ESTIMATED PROJECT COST:** $

1. **Co-funding Source(s):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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** |  |  |  |
| **Coronavirus State and Local Fiscal Recovery Funds** |  |  |  |
| **Local Funds** |  |  |  |
| **Other:**  |  |  |  |
| **TOTAL AMOUNT REQUESTED ($):** |  |  |  |

1. **Requested SWIF grant amount** (after other funding): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section IV. ITEMS REQUIRED TO RECEIVE SWIF GRANT ASSISTANCE**

Prior to receiving SWIF grant assistance, the participant must obtain, all necessary permits, including a construction permit (if required); all necessary land and easements, and having a co-funding source in place.

In addition:

1. Does the applicant have an Asset Management Program in place? [ ]  Yes [ ]  No

Development of an [Asset Management Program](https://www.in.gov/ifa/srf/applications-guidance-and-documents/) will be required by the completion of the SWIF grant project.

1. What was the end date of the last full State Board of Accounts Audit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 A State Board of Accounts Audit will be required by the completion of the SWIF grant project.

1. Has the utility participated in Regional Planning Initiatives?[[2]](#footnote-2): [ ]  Yes [ ]  No

 Utility must attend or have attended an [IFA Regional Planning](https://www.in.gov/ifa/regional-planning-meetings/) meeting prior to receiving SWIF assistance.

1. For drinking water projects: was a Validated Water Loss Audit submitted to the IFA by March 1, 2021? [[3]](#footnote-3):

[ ]  Yes [ ]  No. If required, Utility must have submitted a [Validated Water Loss Audit](https://www.in.gov/ifa/water-loss-audits/) by the completion of the SWIF grant project.

**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/Utility Official)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed or Typed Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Authorized Signatory**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

1. Participants must register with the 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) . [↑](#footnote-ref-1)
2. Per IC 5-1.2-11.5-7 and 5-1.2-11-8, the participant has or will participate in a cooperative/ regional activity (e.g., attend an IFA Regional Planning Meeting [[www.in.gov/ifa/3035](file:///%5C%5Cstate.in.us%5Cfile1%5Cifa%5Cshared%5CIFA-SRF%5CSRF%20WW%20and%20DW%20Project%20Applications%5Cwww.in.gov%5Cifa%5C3035)] or cooperative activity) acceptable to the Authority. [↑](#footnote-ref-2)
3. Per 8-1-30.8-8 and 5-1.2-11-8, for Drinking Water systems to apply to Authority programs a utility must demonstrate to the Authority that it has completed annual audits of non-revenue water, and submitted to the Authority as outlined in IC 8-1-30.8-6. [↑](#footnote-ref-3)