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Description automatically generated**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>):
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:///\\state.in.us\file1\ifa\shared\IFA-SRF\SRF%20WW%20and%20DW%20Project%20Applications\www.in.gov\ifa\3035)] 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)