**Instructions for Completion of Funding Application**

**For Division of Water Infrastructure Programs**

(Last updated: January 2020)

The following instructions relate to completing the application for funding for infrastructure programs offered by the Division of Water Infrastructure (the Division). Please follow these directions when completing the form. In some cases, the instructions may refer you to our [application page](https://deq.nc.gov/about/divisions/water-infrastructure/i-need-funding/application-forms-and-additional-resources) for additional information that may be helpful. Such cases will be noted below.

**Section 1 – General Information**

This section contains information the Division will need in order to process your application. Complete each blank as directed below.

* **Applicant Name** – Provide the official name of your local government unit (LGU) (e.g., Town of Anytown, Bixby Sanitary District).
* **County** – List the county in which your LGU resides.
* **DUNS Number** – Use [www.sam.gov](http://www.sam.gov) to find your DUNS number. Make sure your DUNS number is up to date.
* **Project Name** – Enter a project name that is short yet captures the nature of your project.
* **Funding Amount Requested** – Enter the amount of funding you are requesting. **Failure to provide this information will result in an incomplete application.**
* **Project Cost** – Please enter the cost of the entire project. Note: This cost may vary from the funding amount requested.
* **Funding Type(s) Requested** – Check the box(es) that are appropriate for the project type for which you are requesting funding. Note for fall rounds only: If requesting construction funding for both the Community Development Block Grant (CDBG-I) and State Revolving Fund/State Reserve Project funding, please check the appropriate box under Construction project as well as the CDBG-I box. If requesting CDBG-I funds, complete the appropriate boxes related to LMI determination method, and provide the LMI percentage.

**Section 2 – System Parameters**

This section contains information related to system parameters, which is used across all programs. Please complete all blanks unless otherwise noted. An affordability calculator is available at the Division’s [application page](https://deq.nc.gov/about/divisions/water-infrastructure/i-need-funding/application-forms-and-additional-resources) for your use.

* **Residential and Non-Residential Sewer and Water Connections** – Follow the guidance found in Line Item 4.A of the *Priority Rating System Guidance and Form for Clean Water State Revolving Fund, Drinking Water State Revolving Fund, State Wastewater Reserve, and State Drinking Water Reserve Funding Programs* (Priority Rating System).
* **Water and Sewer Bills per 5,000 gallons** – If your system offers it, provide the monthly water and/or sewer bills for 5,000 gallons per month of use. See Line Item 4.B in the Priority Rating System guidance (Line Item 4.G in the CDBG-I Priority System Rating guidance) for more information about what is needed for this parameter.
* **Questions** – Answer the three questions as described below. Note for construction projects: Responses to these questions will determine for which type of funding the project is eligible.
1. Answer this question as “Yes” if you are willing to take on funding that contains federal requirements.
2. Based upon your calculations (show completed by hand or by using the affordability calculator), check the appropriate box of the percentage grant for which you think you are eligible (does NOT apply to CDBG-I only applicants).
3. If insufficient grant funding is available at your eligible percentage, check the box for the minimal grant amount you would accept. For example, if you qualify for 75% grant yet would be willing to accept 50% grant, then you would check the 50% grant box. Selecting a lower acceptable grant percentage in no way reduces your grant eligibility (does NOT apply to CDBG-I only applicants).

**Sections 3, 4, and 5 – Applicant, Application Preparer, and Engineer Contact Information**

Complete this section with all pertinent information. The following bullet points contain specific information.

* **Authorized Representative Name** – This name must match the name listed on the Resolution.
* **Mailing Addresses** – Provide the mailing address where the Applicant, Preparer, and Engineer receive mail. For example, if you have a PO Box, provide this information rather than your physical address.

**Note:** Zip codes between PO Boxes and physical addresses may vary. If using a PO Box to receive mail, **use the zip code that matches the PO Box**.

* **Engineer Contact Information** – If your Application Preparer is the same as the Engineer Contact, check the No box. Section 5 may then be left blank. If the answer is Yes, provide the appropriate information.

**Section 6 – Project Description**

In this section, provide a brief description of the proposed project in a broad level of detail. Include the project purpose and what the project entails (e.g., rehabilitation of 2,000 l.f. of sewer, construction of a new well). Include information such as types of equipment to be included, capacity of equipment, and estimates of line length. Note: Major line items in the project budget (Section 8) be shown in the project description. For example, if 2,000 l.f. of 4-inch, 3,000 l.f. of 6-inch, and 4,000 l.f. of 8-inch pipe are listed in the project budget, they must be listed in the project description. Include the number of new services if applicable.

**Section 7 – Additional Information for Consideration**

In some situations, a project’s purpose may not be listed as eligible for points under Category 1 of the Priority Rating System. In these situations, you may use the Supplemental Guidance for the Ranking of Applications and Providing Additional Information for Consideration found on the Division’s [Application](https://deq.nc.gov/about/divisions/water-infrastructure/i-need-funding/application-forms-and-additional-resources) page. Please note the following related to this section:

* This section does not apply to the Drinking Water State Revolving Fund program.
* Information for this section must fit into the space provided.

**Section 8 – Additional Supplemental Appropriations for Disaster Relief Act, 2019 (ASADRA)**

Funding through ASADRA is available to systems that were impacted by Hurricanes Florence and / or Michael. If your system experienced impacts, please check the box(es) for the appropriate storm. Then briefly describe how the storm(s) impacted your system (e.g., power outage, pump station overflow, plant shutdown, pipe breakage). Note: The proposed project does not have to be directly related to impacts from Hurricanes Florence and / or Michael.

For an activity to be eligible for ASADRA funds, it must be for a system impacted by Hurricane(s) Florence and / or Michael, and the activity must be otherwise SRF eligible, and serve one or more of the following purposes:

* Facilitates preparation for, adaption to, or recovery from rapid hydrologic change or any other type of natural disaster for a wastewater treatment works, collection system, or drinking water system or related facility;
* Reduces the likelihood of physical damage to a treatment works, collection system, or drinking water system;
* Reduces a treatment works’, collection system’s or water system’s susceptibility to physical damage or ancillary impacts caused by floods, earthquakes, or fires; or
* Facilitate preparation for, adaptation to, or recovery from a sudden, unplanned change in the amount of and movement of water in proximity to a treatment works, collection system, or water system.

**Section 9 – Project Budget**

Complete the project budget by addressing the categories provided in the table below (insert rows as needed). Total the cost amount for each line, and provide the total cost amount. Please note the following related to this section:

* Project budget is required for construction projects only.
* If applying for ASADRA funds, please indicate in the line items which parts of the project would be eligible for ASADRA. Note: To be eligible for ASADRA, the majority of construction costs (>50%) must be related to the activities listed above in Section 8. If a project is eligible for ASADRA funds, then the entire project cost will be funded by ASADRA.
* The project budget must be signed and sealed by a properly licensed professional engineer. **If you do not provide a PE seal and signature on the budget, the application will be incomplete.**

**Certification by Authorized Representative**

The Authorized representative must read and initial in the space beside each question. If not applicable, use N/A.

**Completeness Checklist**

When putting together the application package, initial to show that the information is in the package.

**Submittal Information**

* Submit each application copy in a bound format (e.g., report cover with fasteners, plastic report combs, spiral or 3-ring binders.)
* Number of copies to submit:
	+ CDBG-I– Send one (1) original and two (2) copies of the Application.
	+ All other applications (construction or non-construction) – Send one (1) original and one (1) copy of the application.
	+ Joint CDBG-I and construction projects – Send one (1) original and three (3) copies of the Application.
* **Delivery Method**
	+ All applications must be in the Division’s offices by 5 PM the day of application deadline. **No exceptions**.
	+ If mailing, allow at least two weeks for delivery to the Mail Service Center address shown on the application. The Division recommends certified mail. Please call the Division’s offices to ensure that your package has been received.
	+ If courier delivery or hand delivering, please utilize the physical address on the application. If courier delivery, verify that your package has arrived.

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|  | **North Carolina Department of Environmental Quality** |  |
| **Division of Water Infrastructure** |
| **Application for Funding** |
|  | (Last updated: January 2020) |
| 1. **General Information**
 |
| **Applicant Name** | **County** | **DUNS Number** |
|        |       |       |
| **Project Name** | **Total Project Cost** | **Total Funding Requested** |
|        |       |       |
| **Applicant Type** |
| [ ]  Municipality[ ]  County [ ]  Water and Sewer District[ ]  Water and Sewer Authority | [ ]  Sanitary District[ ]  Non-Profit Water Corporation[ ]  Other (Specify:      ) |
| **Funding Type(s) Requested** |
| [ ]  Asset Inventory and Assessment Grant [ ]  Merger/Regionalization Feasibility Grant  | [ ]  Community Development Block Grant for Infrastructure††All CDBG-I grants are 100% grants. |
| [ ]  Construction Project[ ]  Drinking Water (all funding except CDBG-I)[ ]  Wastewater (all funding except CDBG-I)[ ]  Stormwater, stream restoration | LMI determination method: [ ]  Survey [ ]  ACSLMI Percentage:       |
| 1. **System Parameters**
 |
| **Residential Sewer Connections** | **Residential Water Connections** |
|       |       |
| **Non-Residential Sewer Connections** | **Non-Residential Water Connections** |
|       |       |
| **Sewer Bill per 5,000 gallons** | **Water Bill per 5,000 gallons** |
|       |       |
| **Percentage of Utility Bills and Rate Increase Percentages** |
| **Year** |  | **Percentage of Utility Bills Collected** |  | **Rate Increase Percentage** |
|       |  |       |  |       |
|       |  |       |  |       |
|       |  |       |  |       |
|       |  |       |  |       |
|       |  |       |  |       |
| **Complete only if applying for construction projects or CDBG-I (Questions #2 and #3 do not apply to CDBG-I only applicants).** |
| 1. I am willing to accept funding that includes federal conditions. [ ]  Yes [ ]  No
2. Estimated grant percentage:

[ ]  0% [ ]  25% [ ]  50% [ ]  75% [ ]  100%1. If grant funding is not available at the percentage provided above, I am willing to accept a minimal grant amount of\*:

[ ]  0% (100% Loan) [ ]  25% [ ]  50% [ ]  75% [ ]  100%\*If available grant amount is below the percentage listed above, project will not be funded. |

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| 1. **Applicant Contact Information**
 |
| **Authorized Representative Name**: |       |
| **Authorized Representative Title:** |       |
| **Mailing Address Line 1:** |       |
| **Mailing Address Line 2:** |       |
| **City:** |       |
| **State:** |       |
| **Zip Code:** |       |
| **Physical Address Line 1:** |       |
| **Physical Address Line 2:** |       |
| **Physical Address City:** |       |
| **Physical Address State:** |       |
| **Physical Address Zip Code:** |       |
| **Phone Number:** |       |
| **E-Mail Address:** |       |
| 1. **Application Preparer Contact Information**
 |
| **Firm Name:** |       |
| **Contact Name:** |       |
| **Mailing Address Line 1:** |       |
| **Mailing Address Line 2:** |       |
| **City:** |       |
| **State:** |       |
| **Zip Code:** |       |
| **Physical Address Line 1:** |       |
| **Physical Address Line 2:** |       |
| **Physical Address City:** |       |
| **Physical Address State:** |       |
| **Physical Address Zip Code:** |       |
| **Phone Number:** |       |
| **E-Mail Address:** |       |
| 1. **Engineer Contact Information**
 |
| Is the engineering firm different from the application preparer? | [ ]  Yes [ ]  No |
| **Engineering Firm Name**: |       |
| **Contact Name:** |       |
| **Mailing Address 1:** |       |
| **Mailing Address 2:** |       |
| **City:** |       |
| **State:** |       |
| **Zip Code:** |       |
| **Physical Address Line 1:** |       |
| **Physical Address Line 2:** |       |
| **Physical Address City:** |       |
| **Physical Address State:** |       |
| **Physical Address Zip Code:** |       |
| **Phone Number:** |       |
| **E-Mail Address:** |       |

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| 1. **Project Description**
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| **Number of New Connections Served by Project (if applicable):** |       |
|       |
| 1. **Additional Information for Consideration**
 |
|       |
| 1. **Information Related to the Additional Supplemental Appropriations for Disaster Relief Act, 2019 (ASADRA)**
 |
| Which storm(s) impacted your system(s)? [ ]  Hurricane Florence [ ]  Hurricane Michael [ ]  Neither (not applying for ASADRA)My project will:[ ]  Enable my facility to prepare for, adapt to or recover from natural disasters[ ]  Reduce the likelihood of damage to my facility[ ]  Reduce my facility’s susceptibility to physical damage or ancillary impacts caused by floods, earthquakes, or fires[ ]  Prepare for, adapt to, or recover from a sudden unplanned change in the amount of and movement of water near my facilityDescribe the impacts these storms had on your system. |
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| 1. **Project Budget (for Construction Projects Only)**
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|  | **Division Funding Requested** | **Other Secured Funding Source(s)** |  **Total Cost Amount** |
| Indicate construction costs by line item (e.g., linear feet of different-sized lines) |  |  |  |
| **Construction Costs** |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| *Contingency (10% of construction costs):* |       |       |       |
| ***Construction Subtotal:*** |  |  |  |
| **Engineering Costs** |  |  |  |
| Engineering Design |       |       |       |
| Permitting |       |       |       |
| Land Surveying Costs |       |       |       |
| ***Engineering Subtotal:*** |  |  |  |
| **Administration Costs** |  |  |  |
| Planning |       |       |       |
| Easement Preparation |       |       |       |
| Grant Administration (if applicable) |       |       |       |
| Loan Administration (if applicable) |       |       |       |
| ER Preparation |       |       |       |
| Environmental Documentation Preparation |       |       |       |
| Legal Costs |       |       |       |
| Other |       |       |       |
| ***Administration Subtotal:*** |  |  |  |
| **TOTAL PROJECT COST:** |  |  |  |
| **A PE Seal for the estimate *must be provided* in the space to the right for the application to be considered complete.**  |  |

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| **Certification by Authorized Representative** |
| The attached statements and exhibits are hereby made part of this application, and the undersigned representatives of the Applicant certifies that the information in this application and the attached statements and exhibits is true, correct, and complete to the best of his/her knowledge and belief. By initialing each item and signature at the end of this application, he/she further certifies that: |
| \_\_\_\_\_\_\_ | 1. as Authorized Representative, he/she has been authorized to file this application by formal action of the governing body;
 |
| \_\_\_\_\_\_\_ | 1. the governing body agrees to provide for proper maintenance and operation of the approved project after its completion;
 |
| \_\_\_\_\_\_\_ | 1. the Applicant has substantially complied with or will comply with all federal, state, and local laws, rules, and regulations and ordinances as applicable to this project;
 |
| \_\_\_\_\_\_\_ | 1. the Applicant will adopt and place into effect on or before the completion of the project a schedule of fees and charges which will provide for the adequate and proper operation, maintenance, and administration and repayment of all principle and interest on loans (if applicable) of the project;
 |
| \_\_\_\_\_\_\_ | 1. the Applicant has followed proper accounting and fiscal reporting procedures, as evidenced by the Applicant’s most recent audit report, and that the Applicant is in substantial compliance with provision of the general fiscal control laws of the State;
 |
| \_\_\_\_\_\_\_ | 1. the project budget provided on Page 5 of this application form includes all funding requested from all sources of funding proposed for this project; and
 |
| \_\_\_\_\_\_\_ | 1. the (Town or County), North Carolina is organized and chartered under the laws of North Carolina. All officials and employees are aware of, and in full compliance with NCGS 14-234, “Director of public trust contracting for his own benefit, participation in business transaction involving public funds; exemptions.” (For units of local government only. All others should initial “N/A.”)
 |
| \_\_\_\_\_\_ | 1. the Applicant acknowledges that all loans are subject to approval by the Local Government Commission.
 |
| \_\_\_\_\_\_\_ | 1. in accordance with G.S. 120-157.1 through 157.9, for local government debt to be issued greater than $1,000,000, the local government must submit a letter to Committee Chairs, Committee Assistant, and the Fiscal Research Division of the General Assembly at least 45 days prior to presentation before the Local Government Commission.
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| **Completeness Checklist\*** |
| *In addition to this application,* ***the following items must be included for a complete application package****; please initial that each item is included in this submittal.* |
|  | Resolution by Governing Body of Applicant with Certification by Recording Officer  |
|  | Division Financial Information  |
|  | Division Fund Transfer Certification |
|  | Applicable Priority Rating System Form with supporting narratives and documentation |
|  | Current Rate Sheets  |
|  | PE Seal on project budget (construction projects only) |
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| \*All forms are available separately on the DWI website.**\*\*For each application, please provide copies that are bound (e.g., report cover with fasteners, plastic report combs, spiral or 3-ring binders.) No paper clips, staples or binder clasps, for each application. \*\*** |
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| **Submittal Information** |
| * For CDBG-I (Fall only), send one (1) original and two (2) copies of the Application.
* For all other programs, send one (1) original and one (1) copy of the Application.
* If submitting for both CDBG-I and construction projects, send (1) original and (3) copies of the Application.

Send complete Application package to: |
| **Mailing Address† (US Postal Service *only*)** | **Physical Address (FedEx, UPS)‡** |
| Division of Water Infrastructure1633 Mail Service CenterRaleigh, NC 27699-1633 | Division of Water Infrastructure – 8th Floor, Archdale Building512 North Salisbury StreetRaleigh, NC 27604919.707.9160 |
| †Please allow a week for delivery if mailing via the US Postal Service.‡For all courier services, please use the physical address, as having a courier deliver to the mailing address will delay package delivery.  |
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| **Application Signature** |
| **Please note: Original signatures are required for each application.** |
|  |
| **SIGNATURE OF AUTHORIZED REPRESENTATIVE** |
|  | , |  | , |  |
| **TYPED NAME** |  | **TYPED TITLE** |  | **DATE** |