

PROJECT# _____
DATE RECEIVED _____
PROJECT ADMINISTRATOR _____

**REVOLVING FUND  
PRE-LOAN PLANNING/DESIGN ASSISTANCE  
APPLICATION (check one)**

**Drinking Water Revolving Fund**

**Water Pollution Control Revolving Fund**

I. GENERAL INFORMATION

**A. Applicant**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Federal Tax ID#

\_\_\_\_\_  
PWSID# or NPDES Permit #

**B. Designated Contact Person for the Applicant**

\_\_\_\_\_  
Name

\_\_\_\_\_  
email:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**C. Applicant's Consulting Engineer**

\_\_\_\_\_  
Name

\_\_\_\_\_  
email:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Phone

**D. Brief Project Description**

Estimated Total Construction Cost: \$ \_\_\_\_\_

Are you requesting the full \$10,000 grant: Yes\_\_\_\_ No\_\_\_\_?

If No, how much will be requested? \$ \_\_\_\_\_

Total Amount of Match: \$ \_\_\_\_\_

**Scope of Work to be completed by the Contractor shall include documents for each item checked necessary to obtain approval from WQCD for:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preliminary Engineering Report (PER) | <input type="checkbox"/> Environmental Assessment (EA)                                      |
| <input type="checkbox"/> Engineering Design Documents         | <input type="checkbox"/> Technical, Managerial, Financial Capacity<br>(Drinking Water Only) |
| <input type="checkbox"/> Energy Audit                         | <input type="checkbox"/> Legal Fees for Special District Formation                          |

Amount of engineering cost pertaining to PER, EA, Design, etc. for which the grant is being requested: \$ \_\_\_\_\_

**E. Eligibility Criteria**

1. What is the applicant's population? \_\_\_\_\_
2. Median Household Income (MHI)  
What is the applicant's MHI? \$ \_\_\_\_\_  
What source was used to obtain the MHI data?

**F. Drinking Water Projects Only**

1. Does the system currently have a documented health risk: No\_\_\_ Yes\_\_\_?  
If yes, please describe:
2. Does the project consolidate two or more Public Water Systems: No\_\_\_ Yes\_\_\_?
3. Does the project include water conservation measures: No\_\_\_ Yes\_\_\_? If yes, please describe:

**G. Water Pollution Control Projects Only**

1. Does the project correct an identified water quality impairment of a water body that is included on the 303(d) list: No\_\_\_ Yes\_\_\_? If yes, please list stream segment and impairment:
2. Does this project reduce loads of pollution by mitigating against erosion and sediment run off: No\_\_\_ Yes\_\_\_? If yes, please describe:
3. Will the project be designed to maintain permit compliance or meet new permit effluent limits: No\_\_\_ Yes\_\_\_? If yes, please describe:
4. Does this project address voluntary efforts to resolve a possible violation and will mitigate the issuance of a Consent Order or other enforcement action: No\_\_\_ Yes\_\_\_?  
If yes, please describe:

5. Does the project address an enforcement action from a regulatory agency: No\_\_\_\_ Yes\_\_\_\_?  
If yes, please describe:
  
6. Will the project implement sustainable measures, such as “fix-it-first” methodology, develop an Assessment Plan, or regionalization and consolidation: No\_\_\_\_ Yes\_\_\_\_? If yes, please explain:
  
7. Will the project generate and/or utilize reclaimed water for direct re-use, or correct a water loss issue: No\_\_\_\_ Yes\_\_\_\_? If yes, please describe:

**H. Tabor Spending limits.** Does the applicant’s jurisdiction have the ability to receive and spend state grant funds under TABOR spending limits? Yes\_\_\_\_\_No\_\_\_\_\_ If no, please explain.

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**Please note: This grant is classified as State dollars. Acceptance of this grant, if exceeding your spending limitations, could jeopardize your ability to incur debt towards the project.**

**I. Certification.** The information represented herein and in attachments is true and accurate to the best of my knowledge. I understand that the State may review any documents or instruments relating to the analysis of this application.

Authorized Representative's Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**II. PROJECT**

**A. Reason/need for project?**

**B. Check funding sources under consideration for the construction project.**

- Rural Development
- Department of Local Affairs, Energy Impact Fund
- Department of Local Affairs, Community Development Block Grant
- Department of Public Health & Environment, Drinking Water Grant Program
- Drinking Water Revolving Fund \*
- Water Pollution Control Revolving Fund \*
- Water Resources & Power Development Authority, Water Revenue Program \*
- Other, please identify: \_\_\_\_\_

**\*If not utilizing one of the funds identified by the asterisk, you will be required to reimburse the grant or request a waiver for reimbursement from the Colorado Water Resources and Power Development Authority Board of Directors.**

**C. Anticipated Project Schedule**

<u>TASK</u>	<u>ESTIMATED COMPLETION DATE</u>
Preliminary Engineering Report	_____
Plans and Specifications	_____
Advertisement for Bids	_____
Award Contracts	_____
Start Construction	_____
Complete Construction	_____

**III. REVENUES**

**A. Number of water customers for the current year:** \_\_\_\_\_ (taps)  
 or \_\_\_\_\_ (equivalent residential units)

**B. Current Water or Sewer Rate Structure:**

Minimum bill: \$ \_\_\_\_\_ per \_\_\_\_\_ (i.e. monthly or quarterly)

Fees for additional usage:

Does the current user rate provide sufficient revenue for the proposed project's debt service and operation and maintenance?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what is the expected user rate? \$ \_\_\_\_\_ per \_\_\_\_\_

Tap Fees: Residential - Inside Boundaries: \_\_\_\_\_ Outside Boundaries: \_\_\_\_\_  
 Commercial - Inside Boundaries: \_\_\_\_\_ Outside Boundaries: \_\_\_\_\_

**C. List any agreements that relate to the applicant's water systems (IGA's, developer agreements, annexation agreements, agreements with other utilities) and duration of those agreements.**

Include Required Attachments:

- Drinking Water/Wastewater Revolving Fund Planning/Design Grant Application (Original and 1 copy)

Please Return Application and Required Attachments to:

Colorado Department of Health Public Health and Environment,  
Water Quality Control Division  
Grants and Loans Unit  
Attn: Nicole Rollo  
4300 Cherry Creek Drive South, WQCD-OA-B2  
Denver, Colorado 80246  
(303) 692-2053 - Phone  
(303) 782-0390 - Fax