MUNICIPAL SEWER & WATER GRANT PROGRAM

FULL APPLICATION: ROUND TWO

APPLICANT INFORMATION

1. Municipality:
2. Unique Entity Identifier (UEI) Number:
3. Employer Identification Number (EIN):
4. State Pollution Discharge Elimination System (SPDES) Permit Number (if applicable):

5. Public Water System (PWS) ID number (if applicable):
6. Highest Elected Official
    a. Name:
    b. Title:
    c. Phone:
    d. Address:
    e. Email:
7. Project Manager
    a. Name:
    b. Title:
    c. Phone:
    d. Address:
    e. Email:
8. Sewer/Water Engineer Employee or Consultant
    a. Name:
    b. Title:
    c. Phone:
    d. Address:
    e. Email:
9. Does your organization have policies and procedures for the following items?Civil

    Rights: Yes   No

    Conflicts of Interest: Yes   No

    Procurement: Yes   No

PROJECT INFORMATION:

1. Project Name:
2. Project Location:
3. Anticipated Project Length (Ex. 18 months):
4. Infrastructure Type: ☐ Water ☐ Sewer ☐ Stormwater

   Select at least one subcategory*:

   *See Schedule A in the Summary of Funding Guidance document for more information.

   i. ☐ Construction of publicly owned treatment works
   ii. ☐ Nonpoint source
   iii. ☐ National estuary program projects
   iv. ☐ Decentralized wastewater treatment systems
   v. ☐ Stormwater
   vi. ☐ Water conservation, efficiency, and reuse
   vii. ☐ Watershed pilot projects
   viii. ☐ Energy efficiency
   ix. ☐ Water reuse
   x. ☐ Security measures at publicly owned treatment works
   xi. ☐ Treatment
   xii. ☐ Transmission and Distribution
   xiii. ☐ Source
   xiv. ☐ Storage
   xv. ☐ Consolidation
   xvi. ☐ Creation of new systems
   xvii. ☐ Storm water infrastructure
   xviii. ☐ Safe drinking water infrastructure
   xix. ☐ Dams and reservoirs
   xx. ☐ Lead remediation
   xxi. ☐ Other

5. Is your project (check one):
   a. Part of an existing sewer and/or water district
   b. An extension of an existing sewer and/or water district
   c. A creation of a new sewer and/or water district
   d. An extension of existing stormwater infrastructure
   e. Construction of new stormwater infrastructure
   f. Other

6. Has your project acquired all necessary right of way, easements, and/or other necessary site control to complete installation of sewer and water infrastructure?

   Yes   No   Non-applicable

   If yes, briefly describe the right of way, easement, and/or other site control requirements for the project.

7. Has a State Environmental Quality Review (SEQR) final determination been made by the lead agency?

8. Population of Service Area:

9. Number of Service Connections:

10. Median Household Income of Service Area:

11. Lowest Quintile Income of Service Area (To identify, visit the census website (right-click to open in new tab):

12. Coordinating Municipalities or Other Involved Agencies, if applicable:

13. Has this project been proposed and filed with the Ulster County Planning Department?
    Yes   No

14. Is this project identified in a long-range plan such as a Master Plan or Asset Management Plan?
    Yes   No

    If yes, provide the plan title and page reference and link, if available online.

15. In the past year, has the system received any monitoring or reporting violations?
    Yes   No

    If yes, list the violations and corrective actions taken.

16. Briefly describe the project, including the state of the existing system and how the project will remedy a deficiency in an existing system or benefit new users of a system expansion.

17. Is this a phased project?

Yes   No

If yes, briefly detail the phases, timeline, and cost breakdown for all phases, including in which phase the ARPA funds will be utilized and how.

18. Briefly describe how this project supports the County priorities of affordable housing, economic recovery, and/or public health.

19. Explain why ARP funds are being requested for this project and how and when they will be used.

FUNDING REQUEST

Reminder: All funding requests are required to be less than or equal to 33% of the total project cost.

a) Total Funding Request:
b) Total Other Funding:
c) Total Project Cost:

Please upload these documents using the link in the instructions.

A. APPLICATION FORMS
    a) Completed application signed by an approved signatory for the municipality.
    b) Project Timeline
    c) Budget Workbook
    d) Project Team List

B. PROJECT DOCUMENTS
    a) Proof of funding approval and commitment. (Note: A funding resolution or authorizing letter must be submitted prior to contract signing.)
    b) A map showing the specific project location and service area.
    c) A copy of the municipality's most recent audited financial statements.

C. PROJECT DOCUMENTS
    a) Attach documents and current data including such items as surveys, reports, feasibility studies, preliminary site plans/drawings/technical specifications, and evidence of community support.
    b) Provide all pre-construction documentation including, as applicable, federal, state, and local approvals, including a final SEQRA determination.

CERTIFICATION

To the best of my knowledge and belief, the data and statements presented in this application are true and correct; the governing body of the applicant has duly authorized the document; and the applicant will comply with the certifications listed above if the application is approved.

Type Name:

Title:

Date:

Scoring Matrix: Applications will be evaluated based on the criteria below:

Project Description	20 points
Feasibility	20 points
Impact of Project and Users Served	20 points
Budget	20 points
Organizational Capacity	10 points
Total	90 points