

INCENTIVE PROJECT CATEGORY RE-RANKING REQUEST

Safe Drinking Water State Revolving Fund

CONTACT INFORMATION

Legal Entity Name of Restructured Water System (Applicant) _____

Current Project Number(s) _____

Current List Category _____

Contact Name _____

Mailing Address _____

Email Address/Phone Number _____

Legal Entity Name of Consolidating Water System _____

Current Project Number _____

Current List Category (A-G) _____

Contact Name _____

Mailing Address _____

Email Address/Phone Number _____

PROJECT INFORMATION

Proposed Consolidation Project Name: _____

Brief Description of the Proposed Consolidation Project:

Brief Description of the Incentive Project:

The type of project that you intend to apply for:

Planning – Estimated cost for:

Incentive: \$ _____

Consolidation: \$ _____

Construction – Estimated cost for:

Incentive: \$ _____

Consolidation: \$ _____

Has an analysis been done to determine that consolidation is the most cost effective solution? If yes, please attach a copy of the analysis.

Yes No

Do you have CEQA and final plans and specifications ready?

- Consolidation Project

Yes No

- Incentive Project

Yes No

DOCUMENTS TO INCLUDE WITH RE-RANKING REQUEST

Letter stating the intent for consolidation that is signed by all parties, or separate letter from each PWS.

A map delineating the consolidating PWS's service area boundaries and its physical proximity to the service area of the Applicant.

CERTIFICATION

I hereby certify that I am the Applicant's authorized representative and that the information provided on this request is accurate to the best of my knowledge.

Date

Authorized Representative's Signature

Authorized Representative's Name

Authorized Representative's Title

Please submit this request along with supporting documents via mail to:
Safe Drinking Water State Revolving Fund Program (MS 7418)
P.O. Box 997377, MS 7416
Sacramento, CA 95899-7377
Attn: Uyen Trinh-Le

via email to DWPfunds@cdph.ca.gov, or via fax to: (916) 449-5656

For CDPH Uses Only:

Approved: YES _____ NO _____ Approved By and Date: _____

Consolidation Project Number: _____ CI _____ List Category: _____

Reason for denying re-rank request: _____
