

CLEAN WATER STATE REVOLVING FUND PRIORITY LIST PRE-APPLICATION

For CWSRF Regulations See (NAC 445A.67644 through 445A.805)

Use this form for Clean Water projects. USE A SEPERATE FORM FOR EACH PROJECT you want to have placed on the Clean Water Project Priority List.

| 1. Project Name: | |
|--|--|
| 2. County in Which Project is Located: _ | |
| 3. Applicant Organization: | |
| ☐ Public☐ Private | |
| 4. Contact Person: | |
| 5. Mailing Address: | |
| | |
| 6. Phone #: | |
| 7. Fax #: | |
| 8. Email Address: | |

9. Project Description - include a map of the Service Area & the location of the project. (Provide as much information as necessary to completely describe the project and how it will address specific public health concerns or problems. Supplementary information may be attached on $8\frac{1}{2}$ " x 11" paper and labeled "Project description continued".)

| 10. NPDES or State Permit Number: |
|---|
| For questions 11 - 15, please refer to the CWSRF Priority Ranking Criteria attached to this form. |
| 11. Priority Class – please select only one of the following: |
| Class A: 1 |
| Class B: 1 |
| Class C: 1 _ 2 _ |
| 12. If your project is in Class A or B, indicate if any of the Water Quality Factors (WQF) apply: WQF: 1 |
| 13. Indicate your project readiness: 1 |
| 14. Systems will receive additional points for all of the asset management criteria that apply: |
| 1 🗌 2 🗍 3 🗍 |
| 15. Does your project qualify as a GREEN project: Yes ☐ No ☐ |
| 16. Population to be served: for project for entire system |
| 17. Number of service connections: for project for entire system |
| 18. Median Household Income (MHI) for project area (if unknown, leave blank) |
| Source of this data |
| 19. System specifications: |
| a. Existing wastewater flows: for project: MGD |
| for entire system: MGD |
| b. Design flow (average daily flow – max. month): MGD |

| 20. | Estimated date to start project step: | | |
|-----|---|------------------------------|-----|
| | a. Step I (PER or Facility Plan) | | |
| | If complete, date approved by Bureau of Water Pollution Cont | trol | |
| | b. Step II (Design) | | |
| | If complete, date approved by Bureau of Water Pollution Cont | trol | |
| | c. Step III (Construction) | | |
| 21. | Estimated Project Costs (prepared by a professional engineer): | | |
| | Eligible Cost Category | Amount | |
| | a. Pre-Construction (includes planning & design) | | _ |
| | b. Construction (includes labor, equipment/materials, & land) | - | _ |
| | c. Administrative, Legal, & Financial | · | |
| | То | otal | |
| | Estimate Prepared by | | |
| 22. | Estimated loan amount required | | |
| 23. | Funding other than SRF: Source Amo | nount | _ |
| 24. | Describe the source of funding that you expect will repay the SR | RF Ioan: | _ |
| 25. | Estimated date funding required: | | _ |
| | (Optional) Provide any additional information you think necessar for the project. | ry to establish the priority | rar |

| Authorized Signature: | Date: |
|----------------------------|-----------|
| Please print name & title: | |
| | |

I certify that the information contained in this application is, to the best of my knowledge, true,

Return form to:

accurate, and correct.

Division of Environmental Protection Office of Financial Assistance 901 S. Stewart St., Suite 4001 Carson City, NV 89701-5249