

**NEVADA COMBINED DRINKING WATER & CLEAN WATER STATE
REVOLVING FUND LOAN
PRIORITY LIST PRE-APPLICATION**

For DWSRF Regulations See (NAC 445A.6751 through 445.67644, inclusive) for further information.
For CWSRF Regulations See (NAC 445A.67644 through 445A.805) for further information.
Note: Use this form for Drinking water OR Clean Water projects. USE A SEPERATE FORM FOR EACH PROJECT you want to have placed on the Project Priority List. Check the appropriate box to indicate the type of project you are submitting for consideration. Except where indicated ALL questions apply to both Clean Water and Drinking Water programs.

1. Project Name:

2. Project is for CWSRF DWSRF

3. County in Which Project is Located:

4. Applicant Organization:

5. Contact Person:

6. Company Name of Contact Person,
if Different than #4 Above:

7. Address:

8. Phone #:

9. Fax #:

10. Project Description *(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 8½" x 11" paper and labeled "Project description continued".)*

11. For DWSRF Projects ONLY:

a. Facilities (Check Appropriate Boxes)

| | Repair | Rehab | Upgrade | Replace | Expand |
|------------------------------------|--------|-------|---------|---------|--------|
| Well or Spring Box | | | | | |
| Surface water production | | | | | |
| Storage | | | | | |
| Transmission | | | | | |
| Distribution | | | | | |
| Treatment (including disinfection) | | | | | |

b. Is project needed for compliance? Yes No

If yes, describe compliance issue: _____

***** Attach a Map (8½" x 11" only) of the Service Area and the Location of the Project, if available.*****

12. Population to be served: by project _____ by entire system _____

13. Number of service connections: by project _____ by entire system _____

14. Median Household Income (MHI) for project area. _____ Source _____

15. For CWSRF Projects ONLY:

a. Existing wastewater flows: for project: _____ MGD

for entire system: _____ MGD

b. Design flow (average daily flow – max. month): _____ MGD

16. Estimated date to start project:

Step I (Facility Plan CWSRF only) _____

Step II (Design) _____

Step III (Construction) _____

17. Estimated Project Costs (prepared by a professional engineer):

| Eligible Cost Category | Amount |
|---|--------|
| a. Pre-Construction (includes planning and design) | _____ |
| b. Construction (includes equipment, materials, and land) | _____ |
| c. Administrative, Legal, and Financial | _____ |
| Total | _____ |

Estimate Prepared by _____

18. Estimated loan amount required _____

19. Funding other than SRF: Source _____ Amt. _____

20. Describe the source of funding that you expect will repay the loan: _____

21. Estimated date funding required: _____

22. Systems will receive additional points for all of the following criteria that apply - check box if:

- The system has mapped its system and analyzed conditions, including risks of failure, expected dates of renewals and ultimate replacements, and sources and amounts of revenues needed to finance operation, maintenance, and capital needs;
- The system has developed appropriate rate structures to build, operate, and maintain the system; and/or
- The system has specifically allocated funds for the rehabilitation and replacement of aging and deteriorating infrastructure.

23. (Optional) You may provide any additional information you think necessary to establish the priority rank for the project. Attach an 8 1/2 x 11 sheet and label it "Additional Information".

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

Authorized Signature: _____ Date: _____

Please print name and title: _____

Return to:

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