



## NEVADA DRINKING WATER STATE REVOLVING FUND PRIORITY LIST PRE-APPLICATION

For DWSRF Regulations See (NAC 445A.6751 through 445.67644, inclusive) for further information. Use this form for Drinking Water projects. USE A SEPERATE FORM FOR EACH PROJECT you want to have placed on the Project Priority List.

1. Project Name: \_\_\_\_\_

2. County in Which Project is Located: \_\_\_\_\_

3. Applicant Organization: \_\_\_\_\_

- a.  Public  
 Private (includes Non-profit)
- b.  Community Water System  
 Non-Transient, Non-community Water System (Non-profit Only)  
 Transient, Non-community Water System (Non-profit Only)

For Non-Transient & Transient systems, include your federal tax exempt number (per 26 USC §501): \_\_\_\_\_

4. PWS ID Number: \_\_\_\_\_

5. Contact Person: \_\_\_\_\_

6. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Phone #: \_\_\_\_\_

8. Fax #: \_\_\_\_\_

9. Email Address: \_\_\_\_\_

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. DWSRF Facilities Included in Project (Check Appropriate Boxes):**

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

Is project needed for compliance?  Yes  No

If yes, describe compliance issue: \_\_\_\_\_

**12. 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.

13. Population to be served: for project \_\_\_\_\_ for entire system \_\_\_\_\_
14. Number of service connections: for project \_\_\_\_\_ for entire system \_\_\_\_\_
15. Median Household Income (MHI) for project area (if unknown, leave blank) \_\_\_\_\_
- Source of this data \_\_\_\_\_

16. Estimated date to start project step:

- a. Step I (PER or Facility Plan) \_\_\_\_\_
- If complete, approved by:  Bureau of Safe Drinking Water Date: \_\_\_\_\_
- b. Step II (Design) \_\_\_\_\_
- If complete, approved by:  Bureau of Safe Drinking Water Date: \_\_\_\_\_
- c. Step III (Construction) \_\_\_\_\_

17. 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	_____
<b>Total</b>	_____

Estimate Prepared by \_\_\_\_\_

18. Estimated loan amount required \_\_\_\_\_
19. Funding other than SRF: Source \_\_\_\_\_ Amount \_\_\_\_\_
20. Describe the source of funding that you expect will repay the SRF loan: \_\_\_\_\_
- \_\_\_\_\_

21. Estimated date funding required: \_\_\_\_\_

22. (Optional) Provide any additional information you think necessary to establish the priority rank for the project.

*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 & title: \_\_\_\_\_

**Return to:**

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