

ATTACHMENT IV

DRINKING WATER STATE REVOLVING FUND  
PRE-APPLICATION FORM

**Drinking Water State Revolving Fund (DWSRF) Pre-Application Form**  
**Preliminary Project Schedule And Cost Estimate**  
*For Intended Use Plan (IUP) Listing Purposes*  
*(Instructions on Back)*

**DOH Use Only**

Date Prepared: \_\_\_\_/\_\_\_\_/\_\_\_\_

PWS I.D. No. \_\_\_\_\_  
 Project Tracking No. \_\_\_\_\_  
 Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROJECT INFORMATION**

Name of Water System: \_\_\_\_\_

Municipality: \_\_\_\_\_

County: \_\_\_\_\_

Legislative Districts - Congressional: \_\_\_\_\_ NYS Senate: \_\_\_\_\_ NYS Assembly: \_\_\_\_\_

Project Description/Location: \_\_\_\_\_

Population Served by Water System: \_\_\_\_\_

Population Served by Project: \_\_\_\_\_

Has this project been listed in a DWSRF Intended Use Plan (IUP)? Yes or No. If yes, please indicate the DWSRF project tracking number: \_\_\_\_\_

Are there other funding sources anticipated for the project: Yes or No. If yes, please attach a separate sheet of paper and include source of funding, amount of funding, type of funding, and letter of confirmation.

**CONTACT INFORMATION**

Name of Borrower: \_\_\_\_\_ Consulting Engineer: \_\_\_\_\_

Contact Person, Title: \_\_\_\_\_ Contact Person, Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax#: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

If applicable, on a separate sheet of paper provide contact information for additional parties who should be included on project mailing list, including system owner (if different than borrower) and person responsible for completing subsequent application package.

**PROJECT SCHEDULE**

**DATES**

(T)TARGET OR(A)ACTUAL

1. Submit Engineering Report. ( ) \_\_\_\_\_

(Date)

2. When will all Technical Submittals be completed? ( ) \_\_\_\_\_

(Date)

2. Start of construction date (date Notice to Proceed was issued)? ( ) \_\_\_\_\_

(Date)

3. Is this project being submitted for Refinancing? Yes or No (circle correct response)

If yes, Construction Completion Date (actual date)? (Date) \_\_\_\_\_

**Project Cost Estimate**

Construction Costs \$ \_\_\_\_\_

Engineering Fees \$ \_\_\_\_\_

Other Expenses \$ \_\_\_\_\_

Equipment Costs \$ \_\_\_\_\_

Land Acquisition \$ \_\_\_\_\_

Contingencies ( \_\_\_\_% used) \$ \_\_\_\_\_

**Subtotal Project Costs** \$ \_\_\_\_\_

Deduct other funding sources (HUD, RD, etc.) \$ \_\_\_\_\_

Add Est. Issuance Costs \$ \_\_\_\_\_

(Estimated issuance costs are approximately 3% of project costs)

**Total Amount to Finance** \$ \_\_\_\_\_

Please return completed form to:  
 New York State Department of Health  
 Bureau of Water Supply Protection  
 547 River Street, Flanigan Square, Room 400  
 Troy, New York 12180  
 Phone: (518) 402-7650  
 Fax: (518) 402-7659

INSTRUCTIONS  
PRE-APPLICATION FORM, DWSRF PROJECT SCHEDULE AND COST ESTIMATE

This form is used to gather preliminary schedule and cost information about your project. It will help us to determine project eligibility and a target date for providing your DWSRF loan. New York State Department of Health (DOH) staff may call you to verify this information and to develop a more detailed schedule for completion of all activities needed for a complete loan application. You should confer with your engineer and financial advisor regarding the schedule and cost estimate. If you have questions regarding the pre-application form, please call DOH at 1-800-458-1158 (within NYS State) or (518) 402-7650 for assistance.

**PROJECT INFORMATION**

This section of the form should include the **Name of the Water System**, **Name of the Municipality** serviced by the water system, and the **County** and **Legislative Districts** in which the project is located. A **Project Description** and the **Location** of the project should also be included (*e.g.*, Construct new water treatment plant at 69 Mill Road in Village of Waterburgh). The applicant should provide information regarding the **Population Served by the Water System** and the **Population Served by the Project**.

**Has the project been listed in a previous DWSRF Intended Use Plan (IUP)?** If a pre-application has previously been submitted it is not necessary to complete an additional application form. If project information, contact information, actual or targeted activity dates, or project cost estimates previously submitted have changed, the applicant may wish to submit a revised pre-application form. If so, please include the **DWSRF project tracking number**.

Indicate if **other funding sources** (*i.e.*, Rural Development, Housing and Urban Development, etc.) are available for the project. If other sources of funding are available please attach a separate sheet of paper and include the funding source, funding amount, type of funding (*i.e.*, grant, low interest loan), and date the funding was granted (letter of confirmation).

**CONTACT INFORMATION**

DOH will be using the contact information provided on the pre-application form to identify the borrower, the consulting engineer, and other key project contacts (if applicable). Individuals listed on this portion of the pre-application form may be contacted directly by DOH staff to answer technical questions.

**PROJECT COST ESTIMATE**

The accuracy of project costs will vary depending on the stage of project development. Please use the best available estimate when completing the form. Cost estimates should be provided for **Construction Costs**, **Engineering Fees** (planning fees, design fees, and construction fees), **Other Expenses** (legal expenses, bond counsel costs, force account costs, fiscal expenses, interest during construction, and miscellaneous expenses), **Equipment Costs**, **Land Acquisition Costs**, and **Contingencies**. **Financial assistance anticipated from other Funding Sources** (Rural Utilities, Housing and Urban Development, etc.) should be subtracted from the **Subtotal Project Costs** of the above listed cost estimates. The **Estimated Issuance Cost** (approximately 3% of project costs) should be added to the subtotal to determine **Total Amount to Finance**. If certain cost elements are unknown and cannot be reasonably estimated, please indicate on the form. Estimates for all expenses will eventually be needed so that sufficient monies for the project are included in the IUP.

**PROJECT SCHEDULE**

1. Provide the date (targeted or actual) when an approvable **Engineering Report** and all **Technical Submittals** will be completed. Required Technical Submittals include environmental review documents and findings, final plans and specifications, engineer's certification of technical requirements, certification of title to project sites, Minority & Women's Business Enterprise - Equal Opportunity (M/WBE-EEO) program documents. Additionally, the borrower should contact DOH and other responsible permitting agencies (*e.g.*, New York State Department of Environmental Conservation) for anticipated review and issuance times. Please contact EFC for applicable loan application deadlines and anticipated loan closing dates.
2. Provide the date (targeted or actual) of **Start of Construction** (*i.e.*, date Notice to Proceed was issued). Although the construction schedule may be very tentative when you complete the pre-application, it is important to set target dates as they indicate when DWSRF financing will be needed.
3. Indicate if the project is being submitted for **Refinancing**. If the project is being refinanced, include the actual date of Construction Completion.