

**STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC HEALTH
Drinking Water State Revolving Fund
Emergency Power Generator Program
Project Eligibility Application**

_____ DWS Project #

_____ DWSRF ID #
(OFFICE USE ONLY)

1. Public Water System Name	2. PWSID Number CT
Authorized Legal Representative (Official authorized to sign for applicant)	
3. Name:	4. Title:
5. Mailing address:	
6. Telephone #:	7. Fax #:
8. Email Address:	
Contact Person (if not Authorized Legal Representative)	
9. Name:	10. Title:
11. Mailing address:	
12. Telephone #:	13. Fax #:
14. Email Address:	
15. Population served by the Public Water System (number of persons):	
16. Does your water system require multiple generators to operate separate water system facilities (well house, pump stations, valve chambers, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide the name of the facility for this application: (separate applications are required for each facility in need of a generator)	
17. Does your PWS currently have a working emergency generator? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide answers to questions 17a-e; If no, skip to question 18	
17a: What is the source of fuel for the generator? Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/>	
17b: What is the age of the generator (in years)?	
17c: What is the size of the generator (in kilowatts)?	
17d: Does the generator provide sufficient capacity to maintain critical water system electrical components during a prolonged power outage? Yes <input type="checkbox"/> No <input type="checkbox"/>	
17e: What electrical requirements does the generator currently provide (check all that apply)? Three-phase <input type="checkbox"/> Single-Phase <input type="checkbox"/>	
18. Provide the location (street address) of the proposed generator installation:	
19. Estimated Total Cost of Project (In dollars): \$	
20. Project type: <input type="checkbox"/> Generator purchase only <input type="checkbox"/> Purchase & installation of generator <input type="checkbox"/> Electrical work to accept generator <input type="checkbox"/> Other Specify:	
21: Will other sources of funding (non-DWSRF) be used to pay for a portion of this project? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify the amount(s) and source(s) of other funding:	
22. What electrical requirements will the generator need to provide (check all that apply)? Three-phase <input type="checkbox"/> Single-Phase <input type="checkbox"/>	
23. Is the generator located on property owned by the PWS? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide legal easement documentation.	
24. Project start and completion dates:	

These supporting documents will be required for loan processing but do not need to be included with this application. Check "yes" if documents are attached to this application or provide the expected submission date:

Yes <input type="checkbox"/>	1	Tax return from the last year (IRS Form 990 for non-profits) or Annual financial statements showing account balances for the Public Water System.
Yes <input type="checkbox"/>	2	A resolution adopted by the PWS to file the application and execute the loan agreement. The resolution should contain: brief description of the project description, how much the board/committee approved, date of approval and who has the authority to sign for loan documents. In the case of a municipality, the resolution must be certified and sealed by the Town/City Clerk; and in the case of a private entity, a notarized authorization must be evidenced by the appropriate parties. Provide original resolution with live signature & stamp or embossed seal.

Authorized Legal Representative Signature: _____ **Date:** _____

Return the completed application to:
Mr. Cameron Walden
Department of Public Health
410 Capitol Avenue, MS# 51WAT
P.O. Box 340308, Hartford, CT 06134-0308
Email: 8Dc7H8KGF@ct.gov

Contacts for Questions
 Administrative: Theodore Dunn, DPH (860) 509-7333
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