

# Request for Inclusion Small Community Wastewater Facilities Grants

Florida Department of Environmental Protection  
Bureau of Water Facilities Funding

Twin Towers Office Bldg. 2600 Blair Stone Road MS 3505 Tallahassee, Florida 32399-2400

Project Number: \_\_\_\_\_ Affordability Index: \_\_\_\_\_ Construction Grant %: \_\_\_\_\_ Priority Score: \_\_\_\_\_  
(These blocks to be filled in by DEP)

Type of grant applying for: Pre-construction  Construction

## 1. Applicant's Name and Address.

Project Sponsor: \_\_\_\_\_

(mailing address)

\_\_\_\_\_  
(city) (county) (zip code)

Contact Person: \_\_\_\_\_

(mailing address)

\_\_\_\_\_  
(city) (county) (zip code)

\_\_\_\_\_  
(telephone) (fax) (e-mail)

## 2. Name and Address of Applicant's Consultant (if any).

Firm: \_\_\_\_\_ Contact Person \_\_\_\_\_

(mailing address)

\_\_\_\_\_  
(city) (county) (zip code)

\_\_\_\_\_  
(telephone) (fax) (e-mail)

3. Certification by Authorized Representative: I certify that this form and attachments have been completed by me or at my direction and that the information presented herein is, to the best of my knowledge, accurate.

\_\_\_\_\_  
(signature) (date)

\_\_\_\_\_  
(name, typed) (title)

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4. Financially disadvantaged small community eligibility. Project sponsor eligibility is limited to municipalities having jurisdiction over collection, transmission, treatment, or disposal of wastewater and its residuals. Eligibility is established according to a municipality's population and income levels at the time a project is listed on the Department's fundable list. The latest census data is used in this determination. Data may be obtained at <http://censtats.census.gov/pub/Profiles.shtml> . If the answer to any of the following is "No", stop you are not eligible.

- a. Sponsor is a municipality? Yes  No
- b. Sponsor has a total population (according to the latest decennial census) and a service area population of 7,500 or less. Yes  No  Population: \_\_\_\_\_
- c. Sponsor has a per capita annual income (according to the latest decennial census) less than the state average per capita annual income. Yes  No  Income: \_\_\_\_\_

5. Eligible Projects. A project may encompass systems associated with wastewater collection, transmission, treatment or disposal facilities. This includes facilities to reuse reclaimed water from wastewater treatment plants. The principal purpose of the project shall be for domestic wastewater pollution control. Stormwater projects are not eligible.

6. Project Information. (Attach documentation for items 6a through 6j below. Incomplete documentation will result in a minimum priority score for the project) Documents Attached
- a. Describe the project. (Give specific details as to the scope of the project.)
- b. Why is the project needed?
- c. What will be the environmental benefits of the project?
- d. Attach map showing system boundary.
- e. Attach map showing existing service area and any additional areas proposed to be serviced by the project.
- f. Attach map showing the project area.
- g. Does the project help correct a public health hazard? Yes  No
- h. Has a consent order or DEP-ordered upgrade/rehab been issued? Yes  No
- i. Census tract numbers of the existing and proposed service area. Census tract information will be used to determine the project's affordability index. List the census tracts for the municipality's service area after project completion.

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- j. Will this project initially be funded through a State Revolving Fund loan? Yes  No

If "No" how will the local share be funded?

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- 7. Preconstruction costs.
  - a. Estimated Construction, Equipment, Materials, Demolition and Related Procurement Costs. \_\_\_\_\_
  - b. Specialized Field Studies (explain): \_\_\_\_\_
  - c. Enter the lesser of a., above, or \$10,000,000 \_\_\_\_\_
  - d. Preconstruction grant amount:  $((25 - \text{natural log of costs in c}) \times \text{Costs in c} / 1000)$  plus 50% of costs in b. \_\_\_\_\_
  
- 8. Construction costs.
  - a. Estimated Construction, Equipment, Materials, Demolition and Related Procurement Costs \_\_\_\_\_
  - b. Specialized Field Studies (explain): \_\_\_\_\_
  - c. Contingency (10% of item a., above, if costs are unknown, otherwise 5%) \_\_\_\_\_
  - d. Eligible Land \_\_\_\_\_
  - e. Other (explain): \_\_\_\_\_
  - f. Technical Services during Construction \_\_\_\_\_
  - g. Sum of Items a. through f. \_\_\_\_\_
  - h. Administration/Planning/Engineering Funds:  $((25 - \text{natural log of costs in a.}) \times \text{Costs in a.} / 100)$ . For design build projects the amount is 30% of the calculated amount. \_\_\_\_\_
  - i. Total (sum of Items g. and h.) \_\_\_\_\_
  - j. Service fees (for projects with a State Revolving Fund loan 2% of item i). \_\_\_\_\_

9. Project Category.

a. Identify the project categories and pro-rate the estimated cost of construction.

<u>Project Category</u>	<u>Base Factor</u>	<u>Base Priority Score</u>	<u>Prorata Cost (\$1,000)</u>
Eliminate certified and documented public health hazards	1.00	500	_____
DEP-ordered upgrade/rehab of existing treatment plant that is out of compliance with permit (excludes additional capacity)	1.00	500	_____
Eliminate excessive infiltration/inflow	1.00	500	_____
Eliminate failing individual onsite sewerage disposal systems where greater than or equal to 10.0% failed in last three years	0.75	400	_____
Compliance with laws requiring elimination of discharges to specific water bodies	0.75	400	_____
Upgrade and rehab wastewater facilities	0.50	300	_____
Additional treatment necessary to meet new regulatory requirements	0.50	300	_____
Eliminate failing individual onsite sewerage disposal systems where less than 10.0% failed in last three years	0.50	300	_____
Reclaimed water projects that do not eliminate a discharge that is in violation of permit requirements	0.50	300	_____
Additional capacity for average daily flow greater than 70% of design capacity	0.25	200	_____
Residuals management	0.25	200	_____
Projects not otherwise categorized	0.25	100	_____
Sum of prorata cost of construction (Shall agree with 7a or 8a.)			_____

b. For construction projects: reference the planning documentation where substantiating information may be found.

Planning document name: \_\_\_\_\_ Approval Date: \_\_\_\_\_  
 Environmental review documentation: Type: \_\_\_\_\_ Date Published: \_\_\_\_\_

10. Restoration and Protection of Special Water Bodies.

In order to qualify for a base score multiplier identify which of the water bodies listed below that the project will assist in restoring or protecting and reference the location in existing documentation where substantiating information may be found or attach other such substantiating information. If none are selected the multiplier equals 1.0. If one or more are selected the multiplier is 1.2.

<u>Water Body</u>	<input type="checkbox"/>	<u>Reference</u>
A priority water body identified in an adopted Surface Water Improvement and Management (SWIM) Plan.	<input type="checkbox"/>	
A water body classified as Outstanding Florida Waters.	<input type="checkbox"/>	
A water body identified under the National Estuary Program.	<input type="checkbox"/>	
A water body classified as a Wild and Scenic River.	<input type="checkbox"/>	
A water body identified on the State of Florida 303(d) list.	<input type="checkbox"/>	

## Request for Inclusion

11. Project Schedule. (Month and Year)
- a. Complete the planning documentation \_\_\_\_\_
  - b. Complete the design documents \_\_\_\_\_
  - c. Obtain a permit or intent to issue a permit (if necessary) for construction or other activity \_\_\_\_\_
  - d. Obtain all required project sites \_\_\_\_\_
  - e. Estimated start of construction \_\_\_\_\_
  - f. Estimated construction completion \_\_\_\_\_

### 12. Application and Agreement Execution Schedule

#### **Completed Application and Executed Agreement Considerations**

In situations described in Rule 62-505.300(3), F.A.C., late submittals could have adverse consequences. The certification required, under Item 3 above, from the Authorized Representative as part of this form includes the project sponsor's commitment to meet the submittal requirements for the completed application and for executing the agreement.

Note the following activities to be completed after a project is listed on the fundable portion of the priority list:

- a. Submit complete application (shall be submitted within 120 days of project listing on the fundable list). For those projects funded in combination with a State Revolving Fund loan, complete and submit form 62-503.900(2). For those projects requesting grant funds only, complete and submit form 62-505.900(2)
  - Identify sources of funding. If other sources of funding are included in the total cost of the project, provide the source and amount.
  - Designate an Authorized Representative. This is a person formally authorized by the project sponsor to sign or attest to grant documents, including this request for inclusion.
  - Establish project schedule.
  - Provide financial information for each source of pledged revenue for the local share.
  - Provide information concerning liens on the pledged revenues that have prior or parity status.
- b. Execute a loan or grant agreement (shall be executed within 210 days of project listing on the fundable list).

13. Return completed form to the Bureau of Water Facilities Funding, 2600 Blair Stone Road, MS #3505, Tallahassee, Florida 32399-2400. Information may also be sent by FAX at (850) 245-8411.

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**CERTIFICATION THAT THE PROJECT WILL REDUCE  
A PUBLIC HEALTH HAZARD**

Attach the following information noting that each item must be specifically addressed:

- (a) Description of existing conditions.
- (b) Specific location of the hazard and proposed project. Include a map showing location of failures over the last three years.
- (c) Extent of the hazard (for example, area involved and severity of problem). Include documentation of the failures, the reason for the failures, and the corrective action taken.
- (d) Frequency of occurrence (for example, the approximate number of days during the year that the hazard exists)
- (e) Identification of the toxics, pathogens, or other contaminants causing the health hazard.
- (f) Explanation of how the project will reduce or eliminate the hazard.

I hereby certify that a documented public health hazard exists and that the information presented herein and attached hereto is accurate. (Signature of the Director of the County Health Department is required.)

\_\_\_\_\_  
(signature) \_\_\_\_\_  
(date)

\_\_\_\_\_  
(name, typed) \_\_\_\_\_  
(title)

\_\_\_\_\_  
(agency)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(telephone) \_\_\_\_\_  
(fax) \_\_\_\_\_  
(e-mail)