PROPOSED PROJECT FOR SRF FUNDING FORM

Fiscal Year 20___

Project Title: ____

County/Applicant: ____________________ Project No.:___________________

Project Description: ____

Check the appropriate line for each category which best describes the project:

Project Type:

_____ T1. Project required by DOH compliance action, audit, or special loan condition.

_____ T2. Eliminates documented health hazards.

_____ T3. Corrects surface water quality impairment or eliminates/prevents ground water contamination.

_____ T4. To meet requirements for wastewater Or sludge reclamation or reuse.

_____ T5. Necessary to accommodate population growth.

_____ T6. Other needs: ______________________

Project Function:

_____ F1. To build a new treatment facility or control project.

_____ F2. To expand, add capacity, To upgrade an existing Facility or control project.

_____ F3. To modify, replace, or repair existing facility or control project (does not add to capacity).

_____ F4. To purchase equipment.

Describe how this project contributes to sustainable infrastructure, energy efficiency, and/or green house gas reduction:

Estimated Cost: ________________

Estimated Start Date: ____________

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Rank Evaluation (by DOH) Point Total: ____________________