

# DEPARTMENT OF ENVIRONMENTAL QUALITY GRANT APPLICATION FOR WATER QUALITY IMPROVEMENT FUNDS UPDATED: APRIL 2007

## SECTION I - ORGANIZATIONAL DATA

Name of Facility: \_\_\_\_\_  
 VPDES Permit Number: \_\_\_\_\_  
 Legal Name of Applicant: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Facility Type: PUBLIC: \_\_\_\_ PUBLIC/PRIVATE PARTNERSHIP: \_\_\_\_ STATE : \_\_\_\_  
 Significant Discharger: \_\_\_\_\_ Eligible Non-significant Discharger: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMAIL \_\_\_\_\_

Name of Consulting Engineer: \_\_\_\_\_  
 Engineer Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMAIL \_\_\_\_\_

## SECTION II - PROPOSED PROJECT AND FINANCING

*Provide (or attached) a brief description of the proposed nutrient reduction project:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PROJECT BUDGET

A) Design & Installation of Nutrient Removal Technology

- |  |          |
|--|----------|
| 1) <i>Land</i> (only as an integral part of treatment process) | \$ _____ |
| 2) <i>A/E Basic Fees</i>                                       | \$ _____ |
| 3) <i>Other Architectural/Engineering Fees</i>                 | \$ _____ |
| 4) <i>Construction Inspection Fees</i>                         | \$ _____ |
| 5) <i>Physical Facilities Construction</i>                     | \$ _____ |
| 6) <i>Equipment Purchase/Installation</i>                      | \$ _____ |
| 7) <i>Contingency</i> (no more than 10% of Items 5+6)          | \$ _____ |
| 8) <i>Other</i> (explain below)                                | \$ _____ |

- B) NRT Total from A \$ \_\_\_\_\_
- C) Estimated Grant Percentage\*\* \_\_\_\_\_ %
- D) WQIF Grant Request Total (B x Grant %) \$ \_\_\_\_\_
- E) Project total (NRT and other grant ineligible costs) \$ \_\_\_\_\_
- F) Other Funding (identify source, i.e., Local, SRF, Grants) \$ \_\_\_\_\_

\*\* See part VI of the point source section of WQIF Guidelines

**SECTION III - DEMONSTRATION OF ANY EXTRAORDINARY NEEDS**

*Describe any extraordinary trends and/or conditions such as reduction or loss in tax base and/or revenues, high utility cost, etc., which should be taken into consideration by reviewing agency.*

(Attach additional pages if necessary)

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**SECTION IV – FISCAL STRESS INDEX**

Composite Fiscal Index Score/Classification: \_\_\_\_\_

(This information can be obtained at the following web site -

<http://www.dhcd.virginia.gov/CommissiononLocalGovernment/Docs/stress05a.xls> )

**SECTION V – SERVICE DATA**

**SEWER SERVICE USERS**

SERVICE AREA JURISDICTIONS	% OF FLOW BY JURISDICTION/IMA	NUMBER OF EXISTING RESIDENTIAL CONNECTIONS

Existing (Annual Ave.) Wastewater Flow \_\_\_\_\_ GPD

% Domestic Flow \_\_\_\_\_

% Industrial/Commercial Flow \_\_\_\_\_

Existing, Average Monthly Charge per Household for Sewer \$ \_\_\_\_\_

(Provide back-up/documentation as to how the rate was calculated. Where multiple jurisdictions are served, provide the sewer charge for each jurisdiction served)

What was the date of the last sewer rate increase? \_\_\_\_\_

Details of Wastewater Rate Increase \_\_\_\_\_

\_\_\_\_\_

**SECTION VI – IMPLEMENTATION STATUS**

A) General Status

1) Has a Preliminary Engineering Report been prepared (if yes, provide as an attachment) \_\_\_\_\_

2) What is the status of Plans and Specifications (i.e. final design)? \_\_\_\_\_

3) When is construction expected to begin (if completed, provide the construction start date)? \_\_\_\_\_

B) Anticipated Schedule

1) PER Submittal Date: \_\_\_\_\_

2) Final Plans & Specifications Submittal Date: \_\_\_\_\_

3) CTC Date Issued by DEQ: \_\_\_\_\_

4) Advertise for Bids: \_\_\_\_\_

5) Award Contract: \_\_\_\_\_

6) Complete Construction Date: \_\_\_\_\_

C) Performance Expectations

Based upon the nutrient removal technology to be installed under the proposal shown in Section II, what are the expected annual average discharge concentrations for:

1) Total Nitrogen = \_\_\_\_\_ mg/l

2) Total Phosphorus = \_\_\_\_\_ mg/l

**SECTION VII - ASSURANCES AND CERTIFICATIONS**

The undersigned representative of the applicant certifies that the information contained herein and the attachments are true, correct and complete to the best of their knowledge and belief. The undersigned also agrees to clarify or supplement information pertaining to this application upon request.

CHIEF ADMINISTRATIVE OFFICER OF APPLICANT

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION VIII - REQUESTED ATTACHMENTS**

Attach the existing rate schedule (user charge system) for sewer service.