



Clean Water State Revolving Fund (CWSRF)
2025 CWSRF Application 1



**Information Request for
Wastewater Infrastructure Projects
DEADLINE FOR SUBMITTAL: 5:00 PM, April 18th, 2025**

This information request is to be completed by loan applicants that are requesting financial assistance for an infrastructure (construction) project.

To properly evaluate and rank infrastructure projects for potential CWSRF funding and possible loan principal forgiveness (PF), the Department of Environmental Protection (DEP) needs specific information submitted on the project. **A separate Project Information Request Form should be completed for each project**, e.g. treatment plant upgrades or collection system upgrades.

The completed form(s) **must be e-mailed** to, Maine.CWSRF.Grants@maine.gov, by **5:00 p.m. April 18th, 2025**. If you have any questions regarding the submittal process, please email Maine.CWSRF.Grants@maine.gov or contact Brandy Piers at (207) 287-6093.

Project Name: _____

Applicant Name: _____

Applicant Unique Entity Identifier (UEI) from <https://sam.gov/content/home>: _____

Name and title of contact person for applicant: _____

Address: _____

Town: _____ **State:** _____ **Zip Code:** _____

Email: _____ **Telephone:** _____

Name of Engineering Firm: _____

Name and title of engineer contact: _____

Address: _____

Town: _____ **State:** _____ **Zip Code:** _____

Email: _____ **Telephone:** _____

Construction Readiness:

Final Design Date: _____ **Construction Start Date:** _____

*****Additional points will be given for readiness to proceed with construction.**

Project Funding History:

Has this project been previously submitted and received past funding (Year)? _____

Did you previously submit this project at least twice but did not receive any funding? Yes No

If yes, which years? _____

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Section 1 – Applicant Financial Information:

*(To be considered for Affordability Principal Forgiveness (PF), Applicants **must complete and submit Section 1 and attach the CWSRF Infrastructure User Rate Calculator** as part of the Information Request Form.)*

The Department wants to consider the financial impact of borrowing the CWSRF funds for the proposed project on future sewer user rates. To do this, the Department has adopted a standard method for assessing this impact using Equivalent Dwelling Units (EDUs), sometimes referred to as Equivalent Domestic Units by other funding agencies. The attached CWSRF Rate Calculator is a standardized method to accomplish this. The Department recognizes that the Calculator makes certain assumptions and might not capture all the pertinent information to establish future rates.

The percentage of affordability PF offered will be based on both the Affordability Criteria and Analysis presented in “Attachment 1” and the availability of funds. In addition to the Future Sewer User Rate and Median Household Income data collected, the Department will use the public information sites to collect the additional data that is needed for the criteria of Poverty Rate, Unemployment, and Population Trends.

A. Current – “Total Annual EDU Sewer User Rate” (\$/yr.):

\$_____ per year. *(located on line 17 of the CWSRF Infrastructure User Rate Calculator)*

Note: Sewer User Rates submitted by CSO communities will be compared to the CSO annual report.

B. Estimated Post Project – “Total Annual EDU Sewer User Rate (\$/yr.): \$_____ per year.

(located on line 32 of the CWSRF Infrastructure User Rate Calculator)

C. Estimated Population Served:

What is the population served by the utility? _____ By this project? _____

D. Service Area Median Household Income (MHI): \$_____

(Include MHI Data from the community. When available, the income data presented to the Department shall be prioritized in this order:

- 1) *A State approved system-wide income survey that was finalized within the past five years. Exceptions may be made for surveys outside the five-year window if this project was on a previous IUP.*

If the applicant’s MHI data is from an approved system-wide income survey, identify the organization that conducted the survey and the date it was finalized.

Organization: _____ **Date Survey Completed:** _____

- 2) *Census Designated Place (CDP) data, if the sewered area closely approximates the CDP area; then*
- 3) *Town data.*

*CDP and town data shall be from the U.S. Census Bureau – <https://data.census.gov/cedsci/> enter: **dp03: selected economic characteristics “Your Town & State”**, select Product: **2023 ACS – 5 Year Estimates Data Profiles***

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E. Loan Commitment Date: For the successful applicant to be guaranteed ANY CWSRF funding and to receive any offer, the applicant must enter a binding loan commitment (closing date) with the Maine Municipal Bond Bank (MMBB) by September 30, 2026.

Is the applicant prepared to enter a loan commitment with the MMBB by September 30, 2026?

Yes No

F. Affordability Principal Forgiveness Availability: Assuming the applicant does not qualify for 100% principal forgiveness or there are insufficient PF funds to cover 100% of the project costs, *is the applicant willing to borrow some or all the cost of the project?*

Yes No

Section 2 – Fiscal Sustainability Plans:

(Please indicate if you are interested in FSP funding, pending availability. Standalone FSP requests should use Application 2).

A. Fiscal Sustainability Plan (FSP): *Note that all wastewater projects receiving CWSRF financial assistance are required to implement a fiscal sustainability plan in accordance with the Department’s minimum requirements.*

The Department is offering up to \$50,000 in additional loan principal forgiveness for the development and implementation of a fiscal sustainability plan or for the improvement or update to an existing plan. This offer requires a 100% match from the borrower, either through expenditures or in-kind services. The match is an eligible CWSRF expense and may be added to the loan amount, if desired. For eligible FSPs, 50% of the costs would be in the form of PF, up to a maximum of \$50,000 per borrower. See Attachment 4 for information on FSPs. Please indicate the amount for which you are applying.

Yes No FSP amount requested (up to \$50,000) is \$_____

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Section 3 – Project Specific Financial:

A. Co-funding: If this project is co-funded with another agency (other than CWSRF), list agencies involved and the amount of funding, and indicate the status of other funding commitments—agency has contacted and verbal agreement, funds obligated, loan or grant agreement in place, etc. (Agencies include, although not limited to: MDOT, CDBG, State Grant, RD, EDA, FEMA, DWSRF, etc.)

Agency	Loan (\$)	Grant (\$)

Committed?

Yes No
 Yes No
 Yes No
 Yes No

Total of Other Agency Funding: \$ _____

B. Project Cost: (Note: Total Project Cost does not include the principal forgiveness that may be offered for FSP development, Sections 2. A. above.)

Total Project Cost Breakdown:

1. Construction Cost	\$
2. Preliminary Expenses	\$
3. Land & Rights	\$
4. Legal and Administration (<i>Including cost of bond issuance</i>)	\$
5. Engineering	
a. Administration	\$
b. Design	\$
c. Inspections	\$
d. Other services:	\$
6. Equipment and Miscellaneous	\$
7. Contingency (should be 10% of Construction Cost)	\$
8. Optional – Additional Loan Amount for FSP Match (FSP Borrower Match can be added to project cost if needed. See Sec. 2. A.)	\$
9. Total Estimated Project Cost (lines 1 thru 8)	\$
10. Total of Other Agency Funding (from Sec. 3. A)	\$
11. Total CWSRF Project Funding Requested (line 9 minus line 10)	\$

Section 4 – Project Description:

(Please provide sufficient information to succinctly describe your project.)

A. Project Name: _____

B. Project Description (Purpose or need for the project, including existing conditions and the consequences of not proceeding. Please limit the description to 250 words, and if more space is needed, attach a separate document.):

C. Will this project (Based on the definitions in Attachment 1):

- | | | |
|--------------------------------------|-----|----|
| a. Protect a drinking water supply: | Yes | No |
| b. Protect a lake: | Yes | No |
| c. Protect a shell fishing resource: | Yes | No |
| d. Improve an impaired water body: | Yes | No |
| e. Address a facility need: | Yes | No |

D. Water Quality Concerns: Are there known or suspected water quality concerns that this project will address? If yes, describe.

E. Emerging Contaminants: Have you had a documented problem with [Emerging Contaminants](#) and does this project address the issue? If yes, describe and submit documentation of the contaminant of concern.

F. Wastewater Treatment Facility Outfall or Combined Sewer Overflow Outfall Elimination:
If this project eliminates a wastewater treatment facility outfall (due to regionalization or discharge to another waterbody) or one or more combined sewer overflow outfalls, please state the number of outfalls eliminated and their identity.

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C. Resiliency:

- a. Will this project assist the facility's resiliency plans for the future? If yes, describe?
Yes No

- b. Will this project further develop emergency preparedness? If yes, describe
Yes No

D. Floodplain:

- a. Will this project remove assets from the FEMA 100-year floodplain? If yes, describe
Yes No

- b. Will this project mitigate the effect of floodplain hazards that was identified in a previous Climate Adaptation Plan? If yes, attach document.
Yes No

E. Sea Level Rise:

- a. Will your project mitigate the effect of sea level rise? If yes, describe
Yes No

- b. Was the project mitigation identified in a Climate Adaptation Plan? If yes, attach document.
Yes No

Note: Sea level rise areas as shown on the maps found on Maine Geological Survey website https://www.maine.gov/dacf/mgs/hazards/slr_ss/index.shtml

F. Storm Surge:

- a. Will this project mitigate the effect of storm surge?
Yes No

- b. Was storm surge mitigation identified in a Climate Adaptation Plan? If yes, attach document.
Yes No

Note: Storm surge areas as shown on the maps found on Maine Geological Survey website https://www.maine.gov/dacf/mgs/hazards/slr_ss/index.shtml

I certify that I am knowledgeable of the projects included in these forms and have provided information that is accurate, truthful, and complete. Inaccuracies may impact funding offers.

Title and Name: _____ **Date:** _____

Signature: _____