



GRANT APPLICATION

NYS WATER INFRASTRUCTURE IMPROVEMENT ACT (WIIA)

&

NYS INTERMUNICIPAL WATER INFRASTRUCTURE GRANTS (IMG) PROGRAM

DRINKING WATER

A. APPLICANT

Name of Applicant: _____ County: _____

Federal I.D. Number: _____ DUNS Number: _____

Municipality(ies) Served (Water Authorities Only): _____

Cooperating Municipality(ies) (IMG Only): _____

Highest Elected Official: _____ Phone: _____

Title: Town Supervisor _____ Email: _____

Mailing Address: _____

Authorized Representative: _____ Phone: _____

Title: _____ Email: _____

Mailing Address: _____

Daily Contact Name: _____ Phone: _____

Title: _____ Email: _____

Company: _____

Engineering Consultant: _____ Phone: _____

Title: Project manager _____ Email: _____

Company: _____

B. GRANT CATEGORY

Identify the grant program(s) for which you are applying by checking the appropriate box or boxes below.

- New York Water Infrastructure Improvement Act (WIIA) grant
- Intermunicipal Water Infrastructure Grants (IMG) Program grant



C. GENERAL INFORMATION

Project Name: _____

Project Location: _____

_____ Latitude _____ Longitude
Provide in decimal format.

District Name/
Project Service Area: _____

Submit a water district or service area map with your application if applicable.

Population of Project Service Area: _____

Municipalities Served	Users Served

Attach a list if more space is needed. Users Served can be provided by %, population, EDUs, or flow allocation.

Public Water Supply ID Number: _____

Design Start Date: _____ (T / A)

Construction Start Date: _____ (T / A) Construction End Date: _____ (T / A)
Check "T" for a target date and "A" for an actual date

Legislative Districts
(include multiple districts if applicable)

NY Senate	NY Assembly
_____	_____
_____	_____
_____	_____

To help identify your districts, visit:
<https://www.elections.ny.gov/district-map.html>

D. PROJECT INFORMATION

1. Provide a brief description of your project.



2. If applying for an IMG Grant, describe the relationship between the municipalities undertaking the joint project, how the joint project benefits the cooperating municipalities and is the best solution for an identified water quality problem.

3. Which of the following categories does the project scope address?

- Source Treatment Storage Distribution

4. Has any portion of your source, treatment, or distribution system been compromised or created a situation where the system users were without water?

- No Yes If yes, please explain.

5. Is the project required through an enforcement action, such as a DOH violation, DOH and/or EPA consent order, judicial order, compliance schedule?

- No Yes If yes, indicate the type, date of execution and reason for the enforcement action as it relates to the project. Please submit a copy of the executed enforcement action or compliance order with the grant application.

6. Describe the project's community impacts, including but not limited to, public support for the project, critical community resources served by this project, economic development impacts, or any negative/positive effects on a designated Environmental Justice (EJ) area. Information on EJ areas can be found on DEC's [website](#) and [DECInfoLocator mapper](#).



7. Is the project identified in any regional planning initiatives (e.g. a Comprehensive Plan, Regional Planning document, Waterfront Revitalization Plan, Watershed Plan or Estuary Plan)?

No Yes If yes, describe below and attach applicable documents:

8. Does the project require easements or land acquisition?

No Yes If yes, describe the status of obtaining the easements and/or land. If the process has been completed, attach the Title Certification and/or proof of easement acquisition.

9. Describe the current status of the project and your ability to demonstrate readiness to proceed including, but not limited to, an executed engineering agreement for design services, executed professional services agreements, detailed project schedule, and plans and specifications.

10. Does the project require a debt exclusion approval from the Office of the State Comptroller (OSC)?

No Yes If yes, describe the status. If the debt exclusion has been approved, attach the OSC approval letter.

11. Has the applicant submitted timely Annual Financial Report Update Documents (AUD) to OSC for each of the last three years?

No Yes If no, please explain:



E. TOTAL PROJECT BUDGET

Please add line items to the budget as needed. If you have additional questions, please call EFC or refer to the Intended Use Plan. All costs must be based on estimates that are not more than 6 months old.

Category	Estimated Costs
1. Construction Costs	
Contract 1	\$
Contract 2	\$
Contract 3	\$
Contract 4	\$
2. Engineering Costs	
a. Planning	\$
b. Design	\$
c. Construction	\$
d. Other	\$
3. Other Expenses	
a. Local Counsel	\$
b. Bond Counsel	\$
c. Work Force	
- Technical	\$
- Administrative	\$
d. Fiscal Services	\$
e. Net Interest	\$
f. Miscellaneous (please describe)	\$
	\$
	\$
	\$
4. Equipment	\$
5. Land Acquisition	\$
6. Contingencies	\$
7. Total Project Costs (sum lines 1-6)	\$
Date cost estimate was developed:	



F. PLAN OF FINANCE

If awarded a grant, please identify all applicable sources of funding available that will be used to pay project costs not covered by the grant being applied for. Please provide as much detail as possible for the source of funds in the plan of finance.

Note: Projects that are not using SRF financial assistance for the balance of their project:

- will not be added to the SRF Intended Use Plan and
- must be prepared to fund the balance of the project with funding similarly low cost to SRF financial assistance

Type	Amount	Details	Not Applicable
DWSRF Financial Assistance SRF No. _____ <i>List project number if project is currently on the IUP</i>	\$		<input type="checkbox"/>
Municipal Contributions	\$	Source: _____	<input type="checkbox"/>
Municipal Interfund Borrowing	\$	Source: _____	<input type="checkbox"/>
Non-EFC Debt (BAN, Bonds, other) <i>Debt instruments not provided by EFC</i> <i>If a BAN is callable, provide a call date</i>	\$	Type: _____ Issue Date: _____ Call Date: _____	<input type="checkbox"/>
	\$	Type: _____ Issue Date: _____ Call Date: _____	<input type="checkbox"/>
	\$	Type: _____ Issue Date: _____ Call Date: _____	<input type="checkbox"/>
	\$	Type: _____ Issue Date: _____ Call Date: _____	<input type="checkbox"/>
Non-EFC Grants <i>Indicate grant program and status of application/award</i> <i>Submit grant award letter if received</i>	\$	Program: _____ <input type="checkbox"/> Applied <input type="checkbox"/> Awarded	<input type="checkbox"/>
	\$	Program: _____ <input type="checkbox"/> Applied <input type="checkbox"/> Awarded	<input type="checkbox"/>
	\$	Program: _____ <input type="checkbox"/> Applied <input type="checkbox"/> Awarded	<input type="checkbox"/>
Other Funding	\$	Please Describe:	<input type="checkbox"/>



G. REQUIRED DOCUMENTS

1. The following documents are **required and must be submitted with all applications** if not previously submitted to DOH/EFC. If any of these items are unavailable, do not continue with the application at this time.

Enclosed	Previously Submitted to EFC	
<input type="checkbox"/>	<input type="checkbox"/>	Engineering Report
<input type="checkbox"/>	<input type="checkbox"/>	Smart Growth Assessment Form
<input type="checkbox"/>	<input type="checkbox"/>	Environmental Review Determination
<input type="checkbox"/>	<input type="checkbox"/>	SHPO Project Review Determination Letter
<input type="checkbox"/>	<input type="checkbox"/>	Authorizing Resolution (Certified) <i>(Bond Resolution or Board Resolution describing Plan of Finance)</i>

2. The following documents are **required as indicated and must be submitted with the application** if not previously submitted to EFC. If any of these items apply to your project and are unavailable, do not continue with the application at this time.

Enclosed	Previously Submitted to EFC	Not Applicable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project Intermunicipal Agreement (Valid and Binding) <i>(Required if applying for IMG)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DWSRF Financing Application <i>(Required if applying for WIIA or IMG grants with DWSRF Financing)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water District Documentation, including any OSC Approvals <i>(Required for WIIA or IMG if applicable to your project)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Award letter for any awarded grant related to project <i>(Required for projects that have received co-funding)</i>

H. ACKNOWLEDGEMENTS

1. Upon submission of this application, you acknowledge your responsibility to comply with New York State Executive Law, Article 15-A with respect to Minority and Women's Business Enterprise (MWBE) participation and Equal Employment Opportunity (EEO) requirements, and Article 17-B with respect to Service-Disabled Veteran-Owned Business (SDVOB). By checking this box, you acknowledge that you are aware of these obligations and that you are authorized to make this acknowledgement on behalf of the applicant.

MWBE goals for WIIA or IMG with CWSRF financial assistance - 20%

MWBE goals for WIIA or IMG without CWSRF financial assistance - 30%

EEO goals for all applicants - % varies by County (<http://www.efc.ny.gov/mwbe>)

SDVOB goals without DWSRF financial assistance – 6%

SDVOB goals are not required, but encouraged, with DWSRF financial assistance

Acknowledged

2. Upon submission of this application, you acknowledge that to receive financial assistance through the CWSRF, you will need to meet federal requirements and appropriate language must be included in the recipient's contracts. These requirements include, but are not limited to, Davis-Bacon and related acts, and American Iron and Steel. Recipients of financial assistance will be required to perform certain actions to verify compliance and ensure certain provisions are contained in all contracts and subcontracts. By checking this box, you acknowledge that you are aware of these requirements and that you are authorized to make this acknowledgement on behalf of the Applicant.

Please refer to the current IUP for additional detail regarding your responsibilities under these programs.

Acknowledged

3. Upon submission of this application, you acknowledge that if you are not using SRF financial assistance to fund the balance of your project that you will be prepared to fund the balance of the project with funding similarly low cost to SRF financial assistance.

Acknowledged



I. SIGNATURE FOR GRANT APPLICATION

CERTIFICATION: On behalf of the Applicant, and in accordance with the board resolution by

Town of Sterling

(Governing Body of Municipal Applicant)

authorizing me to do so, I apply for a WIIA grant and/or IMG grant for the project described in this application. By signing this application, I certify and agree on behalf of the Applicant and its governing body that all of the information contained in this application, in other statements and exhibits attached hereto or referenced herein, and in all statements, data and supporting documents which have been made or furnished for the purpose of receiving a WIIA grant or IMG grant for the project described herein, are true, correct and complete to the best of my knowledge and belief.

I further agree on behalf of the Applicant that, if DWSRF assistance is provided for the project described in this application, the Applicant shall comply with all applicable provisions of the Federal Safe Drinking Water Act, 42 U.S.C. §§ 300f, et seq., and applicable provisions of state law, codified under Chapter 413 of the Laws of New York of 1996, 10 NYCRR Part 53, and 21 NYCRR Part 2604, as amended, regarding DWSRF assistance.

I further agree that the Applicant will comply with the provisions of the Minority and Women's Business Enterprise – Equal Employment Opportunity requirements of Article 15-A of the New York State Executive Law and will maintain such records and take such actions necessary to demonstrate such compliance throughout the construction of the project.

Further, I acknowledge that offering a written instrument knowing that the written instrument contains a false statement or false information, with the intent to defraud the State or any political subdivision, public authority or public benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority or public benefit corporation of the State, constitutes a crime under New York State Law.

Scott Crawford
(Signature of Authorized Representative)

11/14/2021
(Date)

Scott Crawford Supervisor
(Name and Title)

Town of Sterling
(Municipal Applicant)