

**Drinking Water State Revolving Fund (DWSRF) Listing Form
Preliminary Project Schedule And Cost Estimate**
For Intended Use Plan (IUP) Listing Purposes
(Instructions on Back)

Date Prepared: ___/___/___

DOH Use Only

PWS I.D. No. _____
Project Tracking No. _____
Date Received: ___/___/___

PROJECT INFORMATION

Name of Water System: _____

Municipality: _____ County: _____

Legislative Districts - Congressional: _____ NYS Senate: _____ NYS Assembly: _____

Project Description/Location: _____

If an engineering report has not been provided with this form, please attach a narrative description including details with respect to the issues the project will be solving as related to the priority ranking system (see Attachment 1 in the IUP).

Population Served by Water System: _____ Population Served by Project: _____

Has this project been listed in a DWSRF Intended Use Plan (IUP)? Yes or No.

If yes, please indicate the DWSRF project tracking number: _____

Are there other funding sources anticipated for the project? Yes or No.

If yes, list funding source here: _____

And attach a separate sheet with details about the source of funding, amount of funding, type of funding, and letter of confirmation.

CONTACT INFORMATION

Name of Borrower: _____ Consulting Engineer: _____

Contact Person, Title: _____ Contact Person, Title: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

E-Mail Address: _____ E-Mail Address: _____

If applicable, provide a separate sheet with contact information for additional parties who should be included on project mailing/emailing lists, including system owner (if different than borrower) and person responsible for completing subsequent application package.

PROJECT SCHEDULE

DATES

(T) TARGET OR (A) ACTUAL

1. Submit Engineering Report. () _____
(Date)
2. When will all Technical Submittals be completed? () _____
(Date)
3. Start of construction date (date Notice to Proceed was issued)? () _____
(Date)
5. Is this project being submitted for Refinancing? Yes or No?
If yes, Construction Completion Date (actual date)? () _____
(Date)

Project Cost Estimate

Construction Costs \$ _____

Engineering Fees \$ _____

Other Expenses \$ _____

Equipment Costs \$ _____

Land Acquisition \$ _____

Contingencies(____% used)\$ _____

Subtotal Project Costs \$ _____

Deduct other funding sources (HUD, RD, etc.) \$ _____

Add Est. Issuance Costs \$ _____
(Estimated issuance costs are approximately 3% of project costs)

Total Amount to Finance \$ _____

Please return completed form to:

New York State Department of Health
Bureau of Water Supply Protection
Corning Tower, Room 1135
Empire State Plaza
Albany, New York 12237
Phone: (518) 402-7650

Or Email to: bpwsp@health.ny.gov

INSTRUCTIONS

LISTING FORM, DWSRF PROJECT SCHEDULE AND COST ESTIMATE

This form is used to gather preliminary schedule and cost information about your project. It will help us to determine project eligibility and a target date for providing your DWSRF financing. New York State Department of Health (DOH) staff may call you to verify this information and to develop a more detailed schedule for completion of all activities needed for a complete financing application. You should confer with your engineer and financial advisor regarding the schedule and cost estimate. Please call DOH at 1-800-458-1158 (within NYS State) or (518) 402-7650 for assistance regarding this Listing Form.

PROJECT INFORMATION This section of the form should include the **Name of the Water System**, **Name of the Municipality** serviced by the water system, and the **County** and **Legislative Districts** in which the project is located. A **Project Description** and the **Location** of the project should also be included (*e.g.*, Construct new water treatment plant at 69 Mill Road in Village of Waterburgh. If an engineering report has not been provided with this form, please attach a narrative description including details with respect to the issues the project will be solving as related to the priority ranking system (see Attachment 1 in the IUP). The applicant should provide information regarding the **Population Served by the Water System** and the **Population Served by the Project**.

Has the project been listed in a previous DWSRF Intended Use Plan (IUP)? If a Listing Form (previously called pre-application) has previously been submitted for the same project, it is not necessary to complete an additional Listing Form. If project information, contact information, actual or targeted activity dates, or project cost estimates previously submitted have changed, the applicant may wish to submit a revised Listing Form. If so, please include the **DWSRF project tracking number**.

Indicate if **other funding sources** (*i.e.*, Rural Development, Housing and Urban Development, etc.) are available for the project. If other sources of funding are available please attach a separate sheet with details about the funding source, funding amount, type of funding (*i.e.*, grant, low interest loan), and date the funding was granted (letter of confirmation).

CONTACT INFORMATION

DOH will be using the contact information provided on the Listing Form to identify the borrower, the consulting engineer, and other key project contacts (if applicable). Individuals listed on this portion of the Listing Form may be contacted directly by DOH staff to answer technical questions.

PROJECT COST ESTIMATE

The accuracy of project costs will vary depending on the stage of project development. Please use the best available estimate when completing the form. Cost estimates should be provided for **Construction Costs**, **Engineering Fees** (planning, design, and construction phase), **Other Expenses** (legal expenses, bond counsel costs, force account costs, fiscal expenses, interest during construction, and miscellaneous expenses), **Equipment Costs**, **Land Acquisition Costs**, and **Contingencies**. **Financial assistance anticipated from other Funding Sources** (Rural Utilities, Housing and Urban Development, etc.) should be subtracted from the **Subtotal Project Costs** of the above listed cost estimates. The **Estimated Issuance Cost** (approximately 3% of project costs) should be added to the subtotal to determine **Total Amount to Finance**. If certain cost elements are unknown and cannot be reasonably estimated, please indicate on the form. Estimates for all expenses will eventually be needed so that sufficient monies for the project are included in the IUP.

PROJECT SCHEDULE

1. Provide the date (targeted or actual) when an approvable **Engineering Report** and all **Technical Submittals** will be completed. Required Technical Submittals include environmental review documents and findings, final plans and specifications, engineer's certification of technical requirements, certification of title to project sites, Minority & Women's Business Enterprise - Equal Opportunity (M/WBE-EEO) program documents. Additionally, the borrower should contact DOH and other responsible permitting agencies (*e.g.*, New York State Department of Environmental Conservation) for anticipated review and issuance times. Please contact EFC for applicable financing application deadlines and anticipated financing closing dates.
2. Provide the date (targeted or actual) of **Start of Construction** (*i.e.*, date Notice to Proceed was issued). Although the construction schedule may be very tentative when you complete the pre-application, it is important to set target dates as they indicate when DWSRF financing will be needed.
3. Indicate if the project is being submitted for **Refinancing**. If the project is being refinanced, include the actual date of Construction Completion.