



Smart Growth Assessment Form

New York State Clean Water State Revolving Fund (CWSRF)

This form should be completed by the applicant’s project engineer or other design professional.¹ Please refer to EFC’s “Smart Growth Guidance”.²

Applicant Information

CWSRF Applicant:

CWSRF No.:

Project Name:

Is project construction complete? Yes, date:

No

Project Summary: (provide a short project summary in plain language including the location of the area the project serves)

Section 1 – Screening Questions

1. Prior Approvals

1A. Has the project been previously approved for CWSRF financing?

Yes No

1B. If so, what was the CWSRF project number(s) for the prior approval(s)?

CWSRF No.:

Is the scope of the project substantially the same as that which was approved?

Yes No

IF THE PROJECT WAS PREVIOUSLY APPROVED BY EFC’S BOARD AND THE SCOPE OF THE PROJECT HAS NOT MATERIALLY CHANGED, THE PROJECT IS **NOT** SUBJECT TO SMART GROWTH REVIEW. SKIP TO SIGNATURE BLOCK.

2. New or Expanded Infrastructure

2A. Does the project add a new wastewater collection or treatment system?

Yes No

Note: A new infrastructure project adds wastewater collection or treatment where none existed previously

2B. Will the project result in an increase of the State Pollution Discharge Elimination System (SPDES) permitted flow capacity for an existing treatment system? *Note: An expanded infrastructure project results in an increase of the SPDES permitted flow capacity for the treatment system*

Yes No

IF THE ANSWER IS “NO” TO BOTH “2A” AND “2B”, THE PROJECT IS **NOT** SUBJECT TO FURTHER SMART GROWTH REVIEW. SKIP TO SIGNATURE BLOCK.

¹ If project construction is complete and the project was not previously financed through the CWSRF, an authorized municipal representative may complete and sign this assessment.

² Available at www.efc.ny.gov/smartgrowth

3. Court or Administrative Consent Orders

3A. Is the project expressly required by a court or administrative consent order? Yes No

3B. If so, have you previously submitted the order to NYS EFC? Yes No
If not, please attach.

Section 2 – Additional Information Needed for Relevant Smart Growth Criteria

EFC has determined that the following smart growth criteria are relevant for CWSRF projects and that projects must meet each of these criteria to the extent practicable:

1. Uses or Improves Existing Infrastructure

1A. Does the project use or improve existing infrastructure? Yes No
Please describe:

2. Serves a Municipal Center

Projects must serve an area in either 2A, 2B or 2C to the extent practicable.

2A. Does the project serve an area **limited** to one or more of the following municipal centers?

i. A City or incorporated Village Yes No

ii. A central business district Yes No

iii. A main street Yes No

iv. A downtown area Yes No

v. A Brownfield Opportunity Area Yes No
(for more information, go to www.dos.ny.gov & search "Brownfield")

vi. A downtown area of a Local Waterfront Revitalization Program Area Yes No
(for more information, go to www.dos.ny.gov and search "Waterfront Revitalization")

vii. An area of transit-oriented development Yes No

viii. An Environmental Justice Area Yes No
(for more information, go to www.dec.ny.gov/public/899.html)

ix. A Hardship/Poverty Area Yes No
Note: Projects that primarily serve census tracts and block numbering areas with a poverty rate of at least twenty percent according to the latest census data

Please describe all selections:

2B. If the project serves an area located outside of a municipal center, does it serve an area located adjacent to a municipal center which has clearly defined borders, designated for concentrated development in a municipal or regional comprehensive plan and exhibit strong land use, transportation, infrastructure and economic connections to an existing municipal center? Yes No

Please describe:

2C. If the project is not located in a municipal center as defined above, is the area designated by a comprehensive plan and identified in zoning ordinance as a future municipal center? Yes No

Please describe and reference applicable plans:

Signature Block: By entering your name in the box below, you agree that you are authorized to act on behalf of the applicant and that the information contained in this Smart Growth Assessment is true, correct and complete to the best of your knowledge and belief.

Applicant:	Phone Number:
(Name & Title of Project Engineer or Design Professional or Authorized Municipal Representative)	
(Signature)	(Date)