



## PROJECT INTEREST FORM - SFY2008

### Drinking Water State Revolving Loan Fund Program

TO ALL COMMUNITY (NON-PROFIT & FOR-PROFIT) AND NON-TRANSIENT, NON-COMMUNITY (NON-PROFIT) WATER SYSTEMS: PLEASE COMPLETE AND RETURN THIS FORM IF YOU THINK YOUR WATER SYSTEM MAY BE INTERESTED IN A DWRLF LOAN TO FUND A PROJECT WITHIN THE NEXT YEAR AND A HALF. THIS FORM MUST BE RECEIVED BY **DECEMBER 15, 2006**. **NOTE: YOU MAY ONLY HAVE ONE PROJECT ON THE PRIORITY LIST AT ANY ONE TIME.** YOU MAY COMBINE MULTIPLE FUNDING NEEDS INTO ONE PROJECT. IF YOU HAVE A PHASED PROJECT, YOU MAY CONSIDER IT TO BE ONE PROJECT, BUT PLEASE DETAIL THE PHASES OF THE PROJECT ON PAGE 2. IF YOU HAVE A PROJECT ON THE 2007 FUNDABLE LIST THAT HAS NOT YET BEEN FUNDED AND WANT TO KEEP IT ON THIS YEAR'S LIST, YOU MAY NOT SUBMIT AN ADDITIONAL PROJECT; HOWEVER, YOU MAY REVISE THE PROJECT DESCRIPTION TO INCLUDE ADDITIONAL PHASES.

PLEASE MAIL YOUR COMPLETED FORM TO: **ROBERT PINE, NMED/DRINKING WATER BUREAU, 525 CAMINO DE LOS MARQUEZ, SUITE 4, SANTA FE, NM 87505**

#### I. GENERAL INFORMATION

Water System:				PWS#:	
Contact Person:		Title:			
Street Address:					
Mailing Address:					
City, State, Zip:					
County		Census Tract:			
Legislative District:	Senate:		House:		
Phone:		Fax:		Email Address:	

#### II. PROJECT INTEREST (Please check the appropriate boxes.)

- I am interested in funding a project and I have provided a project description below.
- My project was on last year's Comprehensive Priority List, and I would like to keep it on the 2008 list.
- I am NOT interested in being placed on the NMFA/NMED Comprehensive Priority List at this time.

Funding for the proposed project will be sought within the next:

- 6 - 12 months
- 12 - 18 months

Would you like to be contacted to further discuss your project and funding possibilities?

- Yes, call me at your earliest convenience at the following number: \_\_\_\_\_
- No, not at this time.

**III. PROJECT INFORMATION**

Describe your proposed water system project and if needed, attach additional page(s). Please note that a project's ranking for this funding program will be determined by the following criteria §35.3555(c)(1): a) projects that address the most serious risk to human health; b) projects that enhance compliance with the Safe Drinking Water Act; and c) water system need. Please indicate if any engineering work has already been done on the project. If you are requesting funding for multiple phases, please describe each phase, the time line for each phase and the projected cost of each phase.

The total estimated water project cost is \_\_\_\_\_.

The amount to be funded is \_\_\_\_\_.

Total population served by your water system: \_\_\_\_\_.

If this is not a complete project, describe the other project phases and when/how you expect to complete them.

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

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature