



*William C. Sisneros
Executive Director*



*Ron Curry
Secretary*

PROJECT INTEREST FORM

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 YOUR WATER SYSTEM MAY BE INTERESTED IN DWSRF FUNDING FOR A DRINKING WATER PROJECT. YOU MAY COMBINE MULTIPLE FUNDING NEEDS INTO ONE PROJECT.

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. READINESS TO PROCEED (Please answer all that apply)

Name of Engineer for Project _____

Date of completion of PER _____

Is this project eligible for a NEPA categorical exclusion? Yes No

If you answered No, please answer the following:

Date of completion of environmental work for this project _____

Date of completion of Environmental Report _____

Date of completion of Plans and Specifications _____

III. PROJECT INFORMATION

Describe your proposed water system project. 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 the need for 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: _____

The amount to be funded: _____

List other funders to whom you have applied for funding for this project: _____

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