

**Drinking Water State Revolving Fund (DWSRF)  
Intended Use Plan (IUP) Project Listing Form**

Preliminary Project Schedule And Cost Estimate  
(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: \_\_\_\_\_

**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 available at [www.health.ny.gov/environmental/water](http://www.health.ny.gov/environmental/water))**

Population served by water system: \_\_\_\_\_ Population served by Project: \_\_\_\_\_

**This is a (choose one):**    **New project listing**  
    **Update to a project currently listed in the DWSRF IUP**  
    *DWSRF project tracking number (if existing project):*

**Are there other funding sources anticipated for the project? Yes    No**  
*If yes, attach details about the funding, including source, amount, and letter of confirmation*

**CONTACT INFORMATION**

|                      |                      |
|----------------------|----------------------|
| Borrower:            | Consulting Engineer: |
| Contact Name, Title: | Contact Name:        |
| Address:             | Address:             |
| Phone #:             | Phone #:             |
| E-mail Address:      | E-mail Address:      |

| Project Cost Estimate                                       |                 |
|---|-----------------|
| Construction Costs  | \$ _____        |
| Engineering Fees  | \$ _____        |
| Other Expenses  | \$ _____        |
| Equipment Costs   | \$ _____        |
| Land Acquisition  | \$ _____        |
| Contingencies   | % \$ _____      |
| <b>Subtotal Project Costs</b>                               | <b>\$ _____</b> |
| Deduct other funding sources (RD, CDBG, etc.)               | \$ _____        |
| Add Est. Issuance Costs (approximately 3% of project costs) | \$ _____        |
| <b>Total Amount to Finance</b>                              | <b>\$ _____</b> |

**If seeking funding under the Bipartisan Infrastructure Law (BIL), check appropriate box:**  
**General Supplemental      Lead Service Line Replacement      Emerging Contaminants**

**PROJECT SCHEDULE**

**DATES**

- |  | (T) TARGET OR (A) ACTUAL |
|--|--------------------------|
| 1. Submit Engineering Report                           | ( ) _____<br>(Date)      |
| 2. Submit Plans & Specifications for Regulatory Review | ( ) _____<br>(Date)      |
| 3. Start Construction (Notice to Proceed)              | ( ) _____<br>(Date)      |
| 4. Construction Substantial Completion                 | ( ) _____<br>(Date)      |

E-mail completed form to:  
**[design@health.ny.gov](mailto:design@health.ny.gov)**  
  
 New York State Department of Health  
 Bureau of Water Supply Protection

# 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 contact DOH at (518) 402-7650 or [design@health.ny.gov](mailto:design@health.ny.gov) 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 general **Project Description/Project Identification** and the **Location** of the project should also be included (e.g., Upgrade the Smith Road water treatment plant in the 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**.

**Indicate if this is a new project IUP listing or if it is an update to a project currently listed in the DWSRF Intended Use Plan (IUP).** If the project is currently listed in the IUP, then **provide the current DWSRF project tracking number** and provide updated project information, contact information, project schedule, and project cost estimates on this Listing Form.

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** (up to 30% generally acceptable). **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 & 2. Provide the date (targeted or actual) for submission of an approvable **Engineering Report** and **Plans & Specifications** for regulatory review.

3 & 4. Provide the date (targeted or actual) for **Start of Construction** (Notice to Proceed issuance) and **Construction Substantial Completion**.

Although the construction schedule may be very tentative when you complete the Listing Form, it is important to set target dates as they indicate when DWSRF financing will be needed.