



Delaware Drinking Water State Revolving Fund Notice of Intent Preapplication

Submit the completed form and supporting documentation by email to DHSS_DPH_DWSRF@Delaware.gov.

Project Name	
Name of Qualified Agency	
Date Submitted	

Section 1: Contact Information

Loan Applicant

Authorized Representative (Signatory of Loan Agreement)		Title of Authorized Representative	
Email Address		Telephone Number	
Contact Person (Daily SRF Communications)		Title of Contact Person	
Email Address		Telephone Number	
Mailing Address		City, Zip Code	
County		UEI Number	
Total Number of System Connections (Current)		PWSID Number	
Employer Identification Number		Project Area Zip Code	
Project Representative District		Project Senate District	
Who owns the water System?		Population of System	
Who holds the CPCN for the area in which the water system is located?			

Project Engineer

Firm Name	
Address	
City, State, Zip code	
Engineer Name	
Telephone Number	
Email Address	

Section 2: Project Information

A. Growth Ranking Criteria		
1	Is this project primarily for growth? If yes, it is not eligible for DWSRF funding.	
B. Affordability/Disadvantaged Community Ranking Criteria		Point Value
1	Divide the Average Annual Household Water Bill by the Median Household Income (Page 6) and multiply by 100%: 2.50% or higher	75
2	2.00 – 2.49%	50
3	1.50 – 1.99%	25
4	Less than 1.50%	0
5	The project is identified by the EPA EJScreen Tool at 90% (USA) Percentile or Higher for Environmental Justice Indexes or for “Low Income” under the Socioeconomic Indexes.	25
6	The project is identified as disadvantaged by the White House Climate and Economic Screening Tool .	25
7	The project is considered underserved, meaning it does not have household drinking water or wastewater services; or is served by a public water system that violates, or exceeds, as applicable, a requirement of a national primary drinking water regulation issued under section 1412, including— (i) a maximum contaminant level; (ii) a treatment technique; and (iii) an action level.	25
8	The project area is confined by and benefiting specific census tracts that have a percentage of population that is below the poverty level which is greater than the state-wide percentage of population below the poverty level.	25
C. Quality Deficiencies Ranking Criteria		Point Value
1	Was the Applicant required to provide a Public Notice to its consumers during the past three years for exceeding a drinking water standard in accordance with State or Federal Regulations?	100
2	Does the project description in the application address the compliance issue for which the Public Notice was required?	50
3	Does the Applicant meet or exceed EPA's Electronic Tracking Tool (ETT)'s compliance score of 11? ETT Score will be provided by DPH Office of Drinking Water (ODW) during the ranking review.	30
4	According to sample results, does the water system exceed any Secondary Standards?	45
5	Does the proposed project address issues related to any documented complaints about taste, color and/or odor?	35
6	Have any monitoring or reporting violations been issued in the last three years?	40
D. System Information Ranking Criteria		Point Value
1	Population 10,000 or more	10
2	Between 5,001-9,999	10
3	Between 3,301-5,000	10
4	Between 500-3,300	20
5	Less than 500	40
6	System Type Municipal	10

7	Community	10
8	Non-Profit Non-Transient Non-Community	5
9	Non-Profit Transient Non-Community	5
E. Regionalization Ranking Criteria		Point Value
1	Is the applicant providing water to a non-complying water system?	50
2	Is the Applicant providing water to an area of existing private wells with water quality deficiencies?	50
3	Will the project result in the consolidation of complying water systems?	70
4	Will the project result in an interconnection with another water system?	30
F. Storage Ranking Criteria		Point Value
1	Does the project address repair of a degraded storage facility?	50
2	Does the project address acute quantity deficiencies such as water pressure below 25 psi?	50
3	Does the project address acute quantity deficiencies such as a lack of adequate supply?	50
4	Does the project address chronic quantity deficiencies such as a lack of adequate storage?	40
5	Does the project address chronic quantity deficiencies such as water shortages during peak demand?	40
6	Does the project address the lack of critical redundancy in storage?	30
G. Distribution Ranking Criteria		Point Value
1	Indicate all distribution upgrades below: Inadequate Intake (Surface Water Only)	80
2	Failing Transmission Mains	80
3	Failing Distribution Mains	80
4	Addressing the Lack of Critical Redundancy in Distribution	80
5	Lead Component Service Line Replacement	100
6	Meter Installation (Categorically Green)	60
7	Meter Replacement (Categorically Green)	60
8	Hydrant Installation	40
9	Hydrant Replacement	40

10	Valve Installation	30
11	Valve Replacement	30
12	Other (Specify in Supporting Documentation)	20
H. Treatment/Design Ranking Criteria		Point Value
1	Will the project directly remedy the contaminant exceedance or non-compliance with the treatment upgrade(s)?	100
2	For all other treatment projects, indicate the upgrade(s) below. Please answer yes to all that apply: Backwash Recovery System Installation	30
3	Degraded Treatment Facility	30
4	Faulty Pumping Station	20
5	Inaccurate Controls/SCADA	20
6	Inadequate Disinfection	30
7	Inadequate Corrosion Control	20
8	Inadequate Nitrate Removal	30
9	Inadequate Filtration	30
10	Ineffective Backflow Prevention	20
11	Addressing the Lack of Critical Redundancy in Treatment	30
12	Unreliable Emergency Power	30
13	Other (Specify in Supporting Documentation)	20
I. Source Ranking Criteria		Point Value
1	Indicate all source upgrades below: Inadequate source	100
2	Replacement of Contaminated Source	100
3	Source Water Protection/Well Field Development	50
4	Other (Specify in Supporting Documentation)	50
J. Sustainability Ranking Criteria		Point Value
1	Is the Applicant's 5-year Capitalization Plan or similar document included in the application?	40
2	Does this project have a joint CWSRF project that will occur simultaneously?	30
3	Does this project consider other relevant community sustainability priorities from other sectors, such as agriculture, transportation, finance, or housing?	30
4	Does this project make use of technologies and practices to reduce energy and/or water consumption or use renewable energy?	30
5	Does this project reduce the vulnerability of the infrastructure from extreme events and increase resilience to future events?	30

6	Is the project scope to prepare for future requirements?	10
7	Was the project on the previous year's Project Priority List?	10
8	Is this a phased project covering several years?	10
9	Is the applicant active in other DWSRF grant programs?	10
10	Does the Applicant's rate structure promote conservation?	20
11	Are rates reviewed and assessed on a regular basis?	20
12	Indicate which plans are current and implemented: Consumer Confidence Reports	10
13	Cross-Connection Control Plans	10
14	Cyber Security/Vulnerability Assessment and Plans	10
K. Safety and Vulnerability Ranking Criteria		Point Value
1	Is the project intended to address safety projects such as lights and cameras or alarm systems?	20

Sum the points from each category below.

Part A: Growth (Does Not Qualify)	
Part B: Affordability and Disadvantaged Community (175 points maximum)	
Part C: Quality Deficiencies (300 points maximum)	
Part D: System Information (50 points maximum)	
Part E: Regionalization (200 points maximum)	
Part F: Storage (260 points maximum)	
Part G: Distribution (700 points maximum)	
Part H: Treatment (410 points maximum)	
Part I: Source (300 points maximum)	
Part J: Sustainability (270 points maximum)	
Part K: Safety and Vulnerability (20 points maximum)	
TOTAL POINTS CLAIMED:	

This form should be signed by the official who is authorized to execute contracts on behalf of the applicant jurisdiction. **ONE SIGNED COPY (including attachments)** should be emailed to the address shown on Page 1 of this form.

Attachments to be included with this form:

- 1. Project Description**
- 2. Copies of the last three (3) years of audited financial statements (if available)**

Project Description Outline:

1. **A list of all deficiencies to be remediated by the project.**

2. **Public Health Problems.**
 - a. Identify contaminants of concern. If addressing PFAS, please indicate the compound(s) such as PFEESA, PFMBA, ADONA, HFPO-DA, etc.
 - b. Describe current drinking water system facilities.
 - c. Note problem(s) that is(are) being addressed/corrected/avoided.
 - d. Note the estimated number of lead service lines being replaced and of those how many are estimated to be stand-alone goosenecks and connectors, if applicable.
 - e. Describe compliance and enforcement actions and include dates of violations.

3. **Drinking Water Source.**
 - a. Note source water protection issues.
 - b. Summarize the status of the source water and wellhead protection efforts.

4. **Expected Project Benefits.**
State whether or not the project will:
 - a. Meet national drinking water standards.
 - b. Eliminate taste/odor problems.
 - c. Provide more reliable water quantity/pressure.
 - d. Enhance system technical, financial or managerial capacity.
 - e. Improve facility security.
 - f. Improve fire safety.
 - g. Other public health benefits.

5. **Project Demographics-Municipalities ONLY.**
 - a. Describe any important demographic characteristics of the area (examples would be % of the population over 65 years old, % of the population under 5 years old.)

Section 3. Financial Data and Readiness to Proceed

Enter the Median Household Income (MHI) for the affected community:	Enter the Average Annual Household Water Bill Based on 5,000-Gal Usage:
Source:	Source:
\$	\$

(A) Estimated Date (Month/Year) on Which Commitment to Proceed with Project will be made:

Month	Year

(B) Estimated Dates of Completion of Activities:

	Month	Year
Planning Completion:		
Design Completion:		

Construction Completion:		
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(C) Estimated Loan/Grant Request:

	Total Costs	Loan
Planning:		
Design:		
Construction:		
Totals:		

(D) Number of Residential Connections

	Metered	Un-Metered
Current		
Estimated at Project Completion		

(E) Estimated Operations and Maintenance Costs

Current:

Estimated At Project Completion:

(F) Residential Drinking Water User Rates

Current:

Estimated At Project Completion:

(G) Residential Wastewater Water User Rates

Current:

Estimated At Project Completion:

(H) Additional User Rate/Debt Service/EDU data required

1. What is the total annual debt service for all existing Drinking Water Projects?

2. What is the total annual OM&R for all existing Drinking Water Projects?

3. What is the percent of these total costs attributed to residential users?

4. What is the total annual debt service for all existing Clean Water Projects?

5. What is the total annual OM&R for all existing Clean Water Projects?

6. What is the percent of these total costs attributed to residential users?

7. What is the total EDUs for Clean Water?

Section 4. Applicant Certification

This section is required and must be completed in order to be eligible for funding through the DWSRF program.

I hereby certify that the information provided in this application and on any attachments to this application is true and to the best of my belief and knowledge. It is understood that the State may verify the information and that untruthful or misleading information may be cause for rejection of this application. I certify that I am legally authorized to sign, date and submit this notice of intent preapplication on behalf of the applicant.

**IMPORTANT- Adding and saving a signature renders this fillable form no longer fillable, please add Authorized Official's signature as the last step.*

Signature of Authorized Representative	Print or Type Name
Title	Date