



CLEAN WATER STATE REVOLVING FUND (CWSRF) QUESTIONNAIRE FOR POTENTIAL FINANCIAL ASSISTANCE

North Dakota Department of Health
Division of Municipal Facilities

System Information & Certifying Official

Name of City, Utility, or Sponsoring District:	
Address:	City/State/Zip Code:
Contact Person & Title:	Telephone Number:
I certify that the information herein is accurate. Signature:	Date:
Consulting Engineering Firm (if any):	Engineering Firm Contact Name/Email/Phone Number:

Project Information

Project Description (attach additional information as needed, including available engineering reports):
Desired Number of Years to Repay Loan (maximum of 30 years dependent on useful life of components):
Anticipated Start Dates for Project: Planning: _____ Design: _____ Construction: _____

Project Cost & System Information

1. What is the total estimated cost for this project?	\$ _____
2. What is the total number of wastewater connections served by this project?	_____
3. What is the current annual average residential user charge for wastewater service?	\$ _____
4. As a result of the project, what is the projected annual average residential user charge for wastewater service?	\$ _____

Green Project Reserve (GPR) Information

Is there a proposed GPR component of this project? If yes, please identify the category, describe, and include estimated GPR amount. If not, please explain why.	
<input type="checkbox"/> Green Infrastructure	_____ \$ _____
<input type="checkbox"/> Energy Efficiency	_____ \$ _____
<input type="checkbox"/> Water Efficiency	_____ \$ _____
<input type="checkbox"/> Environmentally Innovative	_____ \$ _____