

WATER PROJECT REQUEST FORM

Disclaimer:

This form must be completed by the project sponsor (not the project sponsor's agent, consultant, etc.) and faxed to FRWA at 850.893.4581. The Funding Group meets on a quarterly basis, at which time each project submitted during the quarter will be reviewed and the appropriate funding authority will contact you.

Project Sponsor (Name of System)		Project Sponsor Address	
City	State	Zip	County
Pro Project Sponsor Primary Contact Person		Telephone Number	
Sponsor Email Address			
Project Sponsor Type (Select One) <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Non-Profit <input type="checkbox"/> Private <input type="checkbox"/> Special District			
Permanent Jobs to be Created as a Result of Project (Select One) <input type="checkbox"/> 0 <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-250 <input type="checkbox"/> Greater than 250			
Jobs to be Retained as a Result of Project (Select One) <input type="checkbox"/> 0 <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-250 <input type="checkbox"/> Greater than 250			
Is this an economic development project? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Population Served by Your System (Select One) <input type="checkbox"/> 0-1,000 <input type="checkbox"/> 1,001-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001-100,000 <input type="checkbox"/> Greater than 100,000			
Population of Area Covered by this Project (Select One) <input type="checkbox"/> 0-1,000 <input type="checkbox"/> 1,001-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001-100,000 <input type="checkbox"/> Greater than 100,000			
Number of Wastewater Connections in Area Covered by this Project (Select One) <input type="checkbox"/> 0-150 <input type="checkbox"/> 151-500 <input type="checkbox"/> 501-1,000 <input type="checkbox"/> 1,001-10,000 <input type="checkbox"/> 10,001-100,000 <input type="checkbox"/> Greater than 100,000			
Number of Water Connections in Area Covered by this Project (Select One) <input type="checkbox"/> 0-150 <input type="checkbox"/> 151-500 <input type="checkbox"/> 501-1,000 <input type="checkbox"/> 1,001-10,000 <input type="checkbox"/> 10,001-100,000 <input type="checkbox"/> Greater than 100,000			
Median Household Income for System Service Area (Select One) <input type="checkbox"/> \$0-\$20,000 <input type="checkbox"/> \$20,001-\$38,819 <input type="checkbox"/> \$38,820-\$50,000 <input type="checkbox"/> Greater than \$50,000			
If you do not know the Median Household Income for the System Service, go to http://quickfacts.census.gov/qfd/States/12000.html to access the Florida Census Data System.			
Cost Estimate for Project <input type="checkbox"/> \$0-\$10,000 <input type="checkbox"/> \$10,001-\$20,000 <input type="checkbox"/> \$20,001-\$250,000 <input type="checkbox"/> \$250,001-\$500,000 <input type="checkbox"/> \$500,001-\$1,000,000 <input type="checkbox"/> \$1,000,001-\$10,000,000 <input type="checkbox"/> Greater than \$10,000,000			
Current Monthly Average Residential Wastewater User Charge <input type="checkbox"/> \$0-\$10 <input type="checkbox"/> \$11-\$25 <input type="checkbox"/> \$26-\$50 <input type="checkbox"/> Greater than \$50			
Current Annual System Revenue (Water and Wastewater) <input type="checkbox"/> \$0-\$100,000 <input type="checkbox"/> \$100,001-\$250,000 <input type="checkbox"/> \$250,001-\$1,000,000 <input type="checkbox"/> \$1,000,001-\$5,000,000 <input type="checkbox"/> \$5,000,001-\$10,000,000 <input type="checkbox"/> Greater than \$10,000,000			
Current Annual System Expenses (Water and Wastewater) <input type="checkbox"/> \$0-\$100,000 <input type="checkbox"/> \$100,001-\$250,000 <input type="checkbox"/> \$250,001-\$1,000,000 <input type="checkbox"/> \$1,000,001-\$5,000,000 <input type="checkbox"/> \$5,000,001-\$10,000,000 <input type="checkbox"/> Greater than \$10,000,000			
Target Date to Begin Construction (Select One) <input type="checkbox"/> 3-6 Months <input type="checkbox"/> 6-12 Months <input type="checkbox"/> 1-2 Years <input type="checkbox"/> Greater Than 2 Years			
Brief Description of the Project			
Is this project to be funded using multiple funding agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list each Agency:			
Reason for Project (check all that apply) <input type="checkbox"/> Compliance <input type="checkbox"/> Economic Development <input type="checkbox"/> Public Health <input type="checkbox"/> Replacement <input type="checkbox"/> System Expansion			
Type of Project (check all that apply) <input type="checkbox"/> Compliance <input type="checkbox"/> Economic Development <input type="checkbox"/> Public Health <input type="checkbox"/> Replacement <input type="checkbox"/> System Expansion			
Product Categories (Select One) <input type="checkbox"/> Disposal <input type="checkbox"/> Distribution <input type="checkbox"/> Sludge Handling <input type="checkbox"/> Storage <input type="checkbox"/> Transmission <input type="checkbox"/> Treatment <input type="checkbox"/> Water Source If Disposal, please explain.			
Project Status (Select One) <input type="checkbox"/> Planning <input type="checkbox"/> Design <input type="checkbox"/> Construction			
In-depth Environmental Review may not be necessary for your project. This will save you time and money. If your project falls into one of the following categories, please check yes or no:			
Rehabilitation of existing facilities or replacement of structures, wells, waterlines, or equipment.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facilities that will not result in more than a 50% increase of existing public water system capacity and there is no acquisition of land other than an easements and rights-of-way where streets have been established, underground utilities installed, building sites excavated, or where such lands have otherwise been disturbed from a natural condition		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facilities for the disinfection of public water supplies		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Back-up supply wells where, after disinfection, existing water quality meets drinking water standards and there is no acquisition of land		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facilities that will result solely in the provision of adequate public water system pressure.		<input type="checkbox"/> Yes <input type="checkbox"/> No	