**Georgia Environmental Finance Authority**

**2020 Clean Water State Revolving Fund**

**Additional Supplemental Appropriations for Disaster Relief Act**

**LOAN PRE-APPLICATION FORM**

Projects will be rated in four categories to determine eligibility and selection for funding under the Additional Supplemental Appropriations for Disaster Relief Act (ASADRA) Program. Please fill out the form completely and as detailed as possible. Email the completed form to [waterresources@gefa.ga.gov](mailto:waterresources@gefa.ga.gov).

**CWSRF ASADRA Project Ranking Criteria**

**I.**

|  |  |
| --- | --- |
| **Applicant Name** | **County** |
| **Contact Person** | **Contact Title** |
| **Contact Email** | **Contact Phone** |
| **Engineer Name** | **Engineer Email** |
| **Engineering Firm**    **Project Cost** | **Engineer Phone** |

**II. Briefly describe how your community and/or project was affected by Hurricane Michael.** (For example, boil notices, power outages, subsequent GEMA or FEMA declarations, etc.)

****

**Project Description** *(Be as detailed as possible).* Please refer to the website for ASADRA Clean Water Eligibilities.

****

|  |  |  |
| --- | --- | --- |
| **III. ASADRA Scoring System – Detailed Breakdown** |  | |
| 1. **Readiness to Proceed** (Select **both** if applicable) |  | |
| * 1. State Environmental Review Process (SERP) complete (if selected, you must attach the NONSI or CE). | |  |  | | --- | --- | |  |  | | |
| * 1. NONSI or CE issued (if selected, you must attach the issuance). | |  |  | | --- | --- | |  |  | | |
|  |  | |
|  |  | |
| 1. **Public Health Compliance Benefits** |  | |
| 1. Project is needed to fully address deficiencies documented in an enforcement action, e.g. Notice of Violation, Consent Order, Administrative Order, etc. (Order # \_\_\_\_\_\_\_\_) | |  |  | | --- | --- | |  |  | | |
|  |  | |
|  |  | |
|  |  | |
| 1. **Project Benefits** |  | |
|  |  | |
| **System Operation and Management Benefits** | |  |  | | --- | --- | |  |  | | |
| *CHECK ALL BELOW THAT APPLY* |  | |
| 1. Project includes diversion of wastewater flows to an alternate system for emergency wastewater collection and treatment. | |  |  | | --- | --- | |  |  | | |
| 1. Project includes installation of a SCADA system to allow remote or multiple system operation locations. | |  |  | | --- | --- | |  |  | | |
| 1. Project includes installation of redundant collection system components and equipment. | |  |  | | --- | --- | |  |  | | |
|  |  | |
| **Flood Reduction Benefits** |  | |
| *CHECK ALL BELOW THAT APPLY* |  | |
| 1. Project includes relocation of facilities to less flood prone areas. | |  |  | | --- | --- | |  |  | | |
| 1. Project includes construction of physical barriers around a facility, floodproofing/sealing of a structure, or waterproofing of electrical equipment. | |  |  | | --- | --- | |  |  | | |
| 1. Project includes construction of green infrastructure, natural systems, or features to reduce the risk of flooding around a collection system facility. | |  |  | | --- | --- | |  |  | | |
| 1. Project will correct significant infiltration and inflow or combined sewer overflows. | |  |  | | --- | --- | |  |  | | |
|  |  | |
| **Energy Production and Efficiency Benefits** |  | |
| *CHECK ALL BELOW THAT APPLY* |  | |
| |  |  | | --- | --- | |  |  |  1. Project includes installation of a back-up generator that will serve   a pump station or other treatment system facility. | |
| 1. Project will replace damaged equipment with more energy-efficient  |  |  | | --- | --- | |  |  |   equipment. | |
| 1. Project will install a larger capacity fuel storage tank for back-up  |  |  | | --- | --- | |  |  |   generators. | |
|  |
| 1. **Other Applicant or Project Attributes** |  | |
| * 1. Applicant maintains a central asset inventory (with descriptive information about assets such as age, size, construction materials, location, installation date, condition, and remaining useful life) and a complete sewer system map. | |  |  | | --- | --- | |  |  | | |

­­­­­­­­­­­­­­­­­­­­

|  |  |
| --- | --- |
|  |  |

**Certification**

I am an authorized representative of the applicant, I certify that the information provided above is true and accurate to the best of my knowledge, and that all warranted and necessary inquiries to employees, officers, and records of the applicant were made in good faith to provide GEFA with the most current and honest answers to each of the above questions.

|  |
| --- |
| Name |
| Title |
| Date |

**\*** GEFA reserves the right to verify any information submitted within the pre-application.