**FY 2026 - FY 2027 Funding Cycle**

**Rating Type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Estimated Amount Requested**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of President/Mayor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Administrative Consulting Firm**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Engineering Firm**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legislative Districts**: State Senate: \_\_\_\_\_\_\_ State Rep.: \_\_\_\_\_\_\_ U.S. Congress: \_\_\_\_\_\_\_

**UEI**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SAM Cage Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List LDH Region**: \_\_\_\_\_\_\_\_\_\_\_\_

**Chief Elected Official (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chief Elected Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**For State Use Only**

Application submitted date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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INSTRUCTIONS

**Project Severity Assessment Package for Public Facilities Projects**

Points for project severity will be assigned based on an assessment of the severity of existing problems and conditions and on the extent that those problems and conditions have affected the health and welfare of the community. For sewer and water projects, the Office of Community Development-Local Government Assistance will determine the project severity score with assistance from the Department of Health. The assistance provided by the departments will be in the form of verifying that the conditions described in the Description of Problem portion of the Project Severity Assessment Package are factual and are accurately depicted. If existing conditions explained in the Project Severity Assessment Package are deemed to be untrue or exaggerated, a lowering of the initial severity score will result. If the existing conditions explained in the Project Severity Assessment Package cannot be verified by the agencies, the applicant or person(s) providing the information may be contacted to provide further clarification.

Three (3) copies of the project severity assessment are to be submitted for each type of project. The required information for the package is as follows.

1. Cover sheet – See page 20.  **Do not use any other cover sheet.**  This form is required for all application types.  The rating type should be identified (Potable Water, New Sewer, Sewer Rehabilitation, Sewer Treatment, Streets). The estimated amount requested should be all funds – construction, engineering, acquisition, etc. For applicant, enter the name of the local government. For Local Contact Person, enter the name and email address of the appropriate point of contact for the project.  For Grant Consulting Firm and Engineering Firm, provide the name of the firm. For Project Contact Person, provide the name and email address of the appropriate point of contact for the project. For Legislative Districts, list the district number(s) of each State Senator, State Representative, and U.S. Congressman representing the target area of the proposed project.  Enter the UEI for the applicant. A UEI can be obtained at [www.sam.gov](http://www.sam.gov). Enter the SAM CAGE Code of the local government. The SAM system may be accessed online at [www.sam.gov](http://www.sam.gov).  Refer to page 24 for the LDH region, if applicable. The cover sheet should be signed (along with a printed name) and dated by the Chief Elected Official.
2. Nature of Project – Provide a general description of the nature of the project proposed. For example: extend existing wastewater collection system; replace failing wastewater collection lines; construct a new water storage tank; etc.
3. Description of Problem – Provide a detailed description of the problems being experienced in the project area. Be as specific as possible and provide specific locations. Examples include raw sewage is flowing in roadside ditches along Oak Street, backup of sewerage in houses, water main breaks have occurred along Smith Avenue; etc.
4. Proposed Scope or Nature of Corrective Action(s) – Provide a detailed, itemized description of the work to be undertaken to correct the problems noted in the above paragraph. Each aspect of a problem previously described should be addressed. Examples include 8” PVC sewer main and new manholes to be installed along Oak Street as shown on the attached map; replace deteriorated 4” cast iron pipe with new 6” PVC pipe along Smith Avenue; etc.
5. Cost Estimate – All project severity packages must be accompanied by a detailed cost estimate prepared and signed by a Professional Engineer licensed in the State of Louisiana. The cost estimate must contain the cost of construction, engineering fees, and any other project costs. The construction estimate shall be a listing of construction line items (as a bid proposal), estimated quantity, unit of measure, unit price, and amount. **A maximum of 10 percent is allowed for construction contingencies.**

If the proposed project involves hookups (work conducted on private property), then the costs associated with hookups must be identified separately on the cost estimate.

Other funds (federal, local, etc.) used to complete the project must be identified on the cost estimate.

1. Project Map (existing conditions) – Provide a detailed map of the existing system that delineates such items as the location and size of sewer lines, manholes, location of treatment plants, etc.
2. Project Map (proposed improvements) – Provide a detailed map showing the location, sizes, etc. of the proposed improvements.

**NOTE: The Existing Conditions map and the Proposed Improvements map may be combined into one map if all the information shown can be depicted in such a way as to easily determine the difference between the existing conditions and proposed improvements.**

1. For Potable Water projects only - Summary of Existing Facilities for Water Projects Form – Complete and submit the forms beginning on page 25.
2. LDH/DEQ Certification Form - The LDH/DEQ Certification Form must be utilized to get concurrence from both agencies prior to applying. The form can be found on page 28 and should be sent to LDH and DEQ by March 6, 2025. If the completed and returned Certification Form is not submitted with the severity package, a severity score will not be assigned. Therefore, the applicant will not be considered for funding under the FY 2026 or FY 2027 LCDBG Public Facility programs. **Applicants whose water system is rated “D” or “F” or whose sewer system is under a compliance order would not be eligible to apply for a different project type unless the Louisiana Department of Health (LDH) and/or the Department of Environmental Quality (DEQ) have given their approval.**
3. Request for OCD-LGA Meeting/Applicant Determination Form – All local governments seeking to apply to the LCDBG Public Facilities Program that do not own the system being proposed for improvements and/or is proposing a project involving consolidation must submit this form to OCD-LGA, participate in a meeting with OCD-LGA, receive the completed form from OCD-LGA, and include the completed form in the Project Severity Package submitted for consideration. OCD-LGA recommends this meeting occur by as soon as possible in order for the applicant to have time to complete the Project Severity Package and submit to OCD-LGA by the deadline.
4. For Street projects only – Street Summary Table Form. Complete and submit the form shown on page 32.
5. Other – Provide any other documentation that further supports the need of the proposed improvements. Examples include copy of current Administrative Orders/Compliance Orders issued by the Environmental Protection Agency or DEQ, records of citizen complaints, pertinent work orders, purchase orders, legal actions, media reports, photographs, comments from LDH, etc.

**Providing specific details of the existing problems and the proposed project aids in the proper assessment of the project. A lower project severity score could result due to the submittal of incomplete or inaccurate information.**



Submit plans or variance request to the appropriate LDH office. This form should not be submitted as port of the Project Severity package.

**SUMMARY OF EXISTING FACILITIES**

**for Water Projects**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Water System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. GENERAL**

Existing system provides for \_\_\_\_\_\_\_ domestic use only; \_\_\_\_\_\_\_ domestic use and fire protection.

Is this system a wholesale supplier to any other system? \_\_\_\_\_\_\_ Yes; \_\_\_\_\_\_\_ No

**B. SOURCE OF WATER**

GROUNDWATER

|  |  |  |  |
| --- | --- | --- | --- |
| Well No. | Pumping Capacity(Gallons Per Minute) | Age(Years) | Existing Condition(Good, Fair, Poor, Not in Service) |
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SURFACE WATER

Treatment Plant Capacity (MGD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition of Treatment Plant (Good, Fair, Poor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHOLESALE SUPPLIER

Name of supplier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quantity purchased (Gallons Per Day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any current source related problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. WATER DEMANDS**

Average Day Demand for system (Gallons Per Day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maximum Day Demand for system (Gallons Per Day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average Day Demand for Target Area (Gallons Per Day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maximum Day Demand for Target Area (Gallons Per Day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. STORAGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tank No. | Storage Capacity(Gallons) | Elevated orGround | Age(Years) | Condition(Good, Fair, Poor) |
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Describe any current storage related problems:

**E. BOOSTER PUMP STATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| Number | Pumping Capacity(Gallons Per Minute) | Age(Years) | Condition(Good, Fair, Poor) |
|  |  |  |  |
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Describe any current pumping related problems:

**F. HYDROPNEUMATIC TANKS**

|  |  |  |  |
| --- | --- | --- | --- |
| Number | Capacity(Gallons) | Age(Years) | Condition(Good, Fair, Poor) |
|  |  |  |  |
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Describe any current hydropneumatic tank related problems:

**G. DISTRIBUTION**

Sizes of pipe in distribution system:

Number of Residential Connections on system:

Number of Commercial Connections (converted

to residential connection equivalents) on system:

Number of Residential Connections in Target Area:

Number of Commercial Connections (converted

to residential connection equivalents) in Target Area:

Is system able to provide at least 15 psi at each connection? Yes; No

Are all fire hydrants installed on 6” or larger lines? \_\_\_\_\_\_\_ Yes; \_\_\_\_\_\_\_ No; \_\_\_\_\_\_\_ N/A

Describe any current pressure/distribution related problems:

**H. WATER QUALITY**

Is the system currently under an administrative order? \_\_\_\_\_\_\_ Yes; \_\_\_\_\_\_\_ No

Is the system currently on the significant non-compliers list? \_\_\_\_\_\_\_ Yes; \_\_\_\_\_\_\_ No

Has the system had MCL violations during the past 3 years? \_\_\_\_\_\_\_ Yes; \_\_\_\_\_\_\_ No

Is adequate disinfection currently being provided? \_\_\_\_\_\_\_ Yes; \_\_\_\_\_\_\_ No

Describe any current water quality issues (high microorganism, inorganic chemical, and/or organic chemical contaminants, etc.):

**LDH/DEQ Certification Form**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of proposed project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |
| --- |
| - For Municipalities: Does the water/sewer utility system within the corporate limits require improvements that qualify for LCDBG Public Facilities assistance? Yes [ ] No [ ]- For Parishes: Does any water/sewer utility system within the parish boundaries require improvements that qualify for LCDBG Public Facilities assistance? Yes [ ] No [ ]Signature of Responsible Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Name of above-referenced water system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of above-referenced sewer system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* For parish projects, attach a map of the target area(s) in relation to parish boundaries. \***

Louisiana Department of Health (**for water systems only**)

I agree that the above-referenced water utility system is not currently in violation of any LDH regulations that would necessitate CDBG Public Facilities assistance.

Yes [ ] Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No [ ] Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, state why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Louisiana Department of Environmental Quality (**for sewer systems only**)

I agree that the above-referenced sewer utility system is not currently in violation of any DEQ regulations that would necessitate CDBG Public Facilities assistance.

Yes [ ] Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No [ ] Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, state why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Instructions for LDH/DEQ Certification Form

This form is required for all projects. Consultation must take place with the Louisiana Department of Health (LDH) to obtain concurrence for water systems or the Louisiana Department of Environmental Quality (DEQ) to obtain concurrence for sewer systems.

Fill out the name of the applicant, and a brief description of the project.

In the boxed-in portion of the form, municipalities must use the first sentence, and parish must use the second sentence. The Responsible Entity (RE) must certify the statement utilized.

Fill in the name of the water or sewer system within the corporate limits/target area.

If the project is for a parish, submit a map showing the target area in relation to the boundaries of the parish.

**This form should be completed and sent, via email, to the following contact(s) in their respective agencies by March 6, 2025**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LDH (water)** |  |  | **DEQ (sewer)** |  |
| Scott Pierce | scott.pierce@la.gov |  | Sharron Crayton | Sharron.Crayton@la.gov |

A response to this form should be received within two weeks of submittal.

**Request for Meeting with OCD-LGA**

**Applicant Determination Form**

1. Local Government:

2. Contact Person:

3. Contact Person Email/Phone Number:

4. What kind of system does the project involve? Water Sewer Other

5. Does the applicant intend to apply for consolidation points? Yes No

6. The system involved in this project is owned by:

 - applicant (sewer or water district included)

 - other municipal/parish (sewer or water district included)

 - private (for-profit)

 - private (non-profit)

 - other ( )

7. Provide a brief history of the system, explaining how and when it was established:

|  |
| --- |
| **To be completed by OCD-LGA based on information provided by applicant during meeting and through documentation submittal:** |
| Date of Meeting: |   |
| Approved Applicant: |   |
| Approved for Consolidation Points: ⃝ Yes ⃝ No |  |
| Signature of OCD-LGA Director: |  | Date: |   |

INSTRUCTIONS

**All local governments seeking to apply to the LCDBG Public Facilities Program that do not own the system being proposed for improvements or whose project involves a consolidation must submit this form to OCD-LGA, participate in a meeting with OCD-LGA, receive the completed form from OCD-LGA, and include the completed form in the Project Severity Package submitted for consideration.**

Item1: Name of Local Government requesting meeting.

Item 2: Name of person that OCD-LGA should contact to schedule meeting.

Item 3: Email address and phone number of person identified in Item 2.

Item 4: Identify the type of system for which the local government is seeking funds.

Item 5: Mark yes if the proposed project involves a consolidation of systems that would meet the OCD-LGA requirements to receive the points under the rating criteria; otherwise, mark no.

Item 6: Identify what type of entity owns the utility system.

Item 7: Provide a brief history of the system, including how and when the system was established and who governs the system.

**STREET SUMMARY TABLE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Street orPortion of Street | ProposedWork \* | # ofOccupiedHouses | Existing Width(Average) (Ft.) | Existing Length(Ft.) | ExistingSurface Area(Sq. Ft.) | Proposed Width(Ft.) | Proposed Length(Ft.) | ConstructionCost |
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**I**dentify the type of work proposed for each street:

New construction, rehabilitation, or reconstruction.