

Project Priority List Reactivation Request

Safe Drinking Water State Revolving Fund

CONTACT INFORMATION

Water System Name: _____

Project Number: _____

Contact Name: _____

Mailing Address: _____

Email Address/Phone Number: _____

PROJECT INFORMATION – UPDATE IF CHANGED SINCE ORIGINAL PRE-APPLICATION

Project Name: _____

Brief Project Description:

Total Project Cost: \$ _____ Requested SRF Funding: \$ _____

What type of application do you intend to submit?

Planning

Construction

By what date could you submit an application? _____

Applications are available at our website:

<http://www.cdph.ca.gov/services/funding/Pages/SRFApplication.aspx>

I hereby certify that I am the Applicant's authorized representative and that the information provided on this request is accurate to the best of my knowledge.

Date

Authorized Representative's Signature

Please submit this request via email to DWPfunds@cdph.ca.gov , or via mail to:

Safe Drinking Water State Revolving Fund Program (MS 7418)

P.O. Box 997377, MS 7416

Sacramento, CA 95899-7377

Attn: Uyen Trinh-Le