

SUFFOLK COUNTY INFRASTRUCTURE PROGRAM

DECENTRALIZED WASTEWATER SYSTEM UPGRADE AND NITROGEN MITIGATION
"APPENDIX A" DEMONSTRATION PROGRAM

APPLICATION

Application Due: October 1, 2015 at 4pm *note new deadline*

Required Applicant Conference #1: September 9 at 1pm
Department of Public Works Conference Room,
335 Yaphank Avenue, Yaphank, NY 11980

Or Applicant Conference #2: September 21 at 9:30 am
Department of Economic Development and Planning
H. Lee Dennison Building
Hauppauge, NY

STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

SUFFOLK COUNTY
DEPARTMENT OF ECONOMIC DEVELOPMENT AND PLANNING
P.O. BOX 6100 HAUPPAUGE, NY 11788

Email questions to Planning@SuffolkCountyNY.gov

PLEASE NOTE:

This is a competitive program. Submission of a complete application does not guarantee funding. Further, a recommendation by the Sewer Infrastructure Committee does not guarantee or imply that the Suffolk County Legislature will authorize the project. Suffolk County reserves the right to request additional information from applicants. The County's funding priority is to partially cover construction costs.

REQUIRED ATTACHMENTS

**(All attachments listed below are required.
Incomplete applications will not be considered.)**

- _____ 1) Completed Application

- _____ 2) If sponsored by a municipality, the following Resolutions:
 - A. An adopted resolution from the partnering municipality which supports the application. The resolution must note the specific project and the amount of funding that the municipality will contribute towards the project.
 - B. An adopted resolution of the partnering municipality making a SEQRA determination on the project and the supporting Environmental Assessment Form.

- _____ 3) Written cost estimate for each facet of the project (equipment, installation, etc.)

- _____ 4) Letters of financial commitment from all sources indicating specific dollar amounts committed. (Letters must be included or leveraged funding will not be counted.)

- _____ 5) If applicant is an existing entity, audited financial statements for the last 5 years detailing operating costs with personnel, benefits, supplies and materials, and capital separated out. Please include a detailed revenue forecast and detailed cost forecast for the next 5 years.

- _____ 6) Letters of support from other municipalities, local civic, community and/or business groups.

- _____ 7) Copies of any and all required regulatory permits must be provided, whether Federal, State or Local, including, but not limited to, the following (if applicable):
 - *State permits (Wetlands, dewatering, SPDES).
 - *Suffolk County permits: Sewer Agency approvals, Planning Commission, and DHS Sanitary Code permits for wastewater, water supply, and storage of toxic or hazardous materials (may also include ancillary requirements for issues such as sanitary abandonments, STP siting, etc.).
 - *Local permits (zoning/ZBA, site plan, wetlands, SEQRA, Building Dept. plans / grading/ drainage)

- _____ 9) Insurance Certificates

- _____ 10) Copies of the Development Business Plan detailing project sources and uses, Construction Loan Documents, and Approved Loan Commitments, as applicable

DO NOT INCLUDE ANY OTHER ATTACHMENTS

Name of Applicant: _____

Application # _____
Office Use Only

The information obtained from this form will be used by the Suffolk County Sewer Infrastructure Committee (Committee) to evaluate the appropriateness of such request. A recommendation by the Committee does not guarantee or imply that the Suffolk County Legislature will authorize the project.

APPLICANT INFORMATION

APPLICANT: _____

ADDRESS: _____

CONTACT PERSON: _____

POSITION _____

PHONE: _____ FAX _____

E-MAIL: _____

FINANCIAL REQUEST: \$ _____ PROJECT LEVERAGE FOR WASTEWATER: \$ _____

TOTAL PROJECT COST: \$ _____

COUNTY LEGISLATIVE DISTRICT WHERE PROJECT IS LOCATED:

(A) DISTRICT #: _____ (B) NAME OF LEGISLATOR: _____

FEDERAL TAX ID #: _____

SUPPORTING RESOLUTION # ***: _____ DATE ADOPTED: _____

Project Engineering Firm (if applicable): _____

Project Area in Acres: _____ # of Plots: _____ # of Units: _____ # Gallons/day: _____

PROPERTY OWNER OF PROJECT SITE: _____

LOCATION

A) TAX MAP #: District _____ Section _____ Block _____ Lot _____

CERTIFICATION OF APPLICATION

I, _____ (print full name), the undersigned, certify that I am the _____ of _____, the owner of the land identified in this application and that this application form including any attached documentation constitutes a true statement of facts to the best of my knowledge.

Owner Signature _____

Name of Applicant: _____

Application # _____
Office Use Only

Please respond to the following statements about the proposed project. If you answer “yes” to all of the eight statements below, please proceed to QUESTION 1.

PROGRAM CRITERIA

Must meet all of the factors below:		Yes	No
1.	Project utilizes approved technologies listed under Appendix A of SCDHS Commercial Construction Standards OR proposes a NSF 245 approved technology OR alternative equivalent deemed acceptable by SCDHS, NYSDEC and NYSDOH - ultimate project funding will be contingent upon approvals, as appropriate, from these agencies and demonstrates evidence of an annual maintenance contract under a responsible entity (under SPDES permit, or within an acceptable management district created in accordance with state law).		
2.	Project applicant demonstrates resourceful funding strategies for the wastewater management portion of the project – with 50% of the costs relating to the wastewater system from non-County sources.		
3.	The project applicant demonstrates: A. municipal or private intent to purchase or existing site control for a distributed facility; and B. evidence of homeowner participation or small business participation (if applicable); and C. municipal support for the creation of a management district (if applicable); and D. commitment to data collection, monitoring, and reporting that meets SCDHS standards.		
4.	Project applicant demonstrates the financial capacity to successfully implement project & demonstrates the experience to successfully carry out the project.		
5.	Project applicant demonstrates the ability to start the construction within 12 months of contract execution.		
6.	Site and its proposed use(s) will not compromise or reduce any environmentally sensitive natural habitats such as wetlands, rare upland plant/forest habitats, habitats of endangered, threatened and/or special concern species pursuant to Federal/New York State listings.		
7.	Site and its proposed use(s) have all of the following characteristics: new development that promotes long term growth and benefit to Suffolk County, environmental sustainability components, within a ½ mile of a rail or bus transit, mixed use and housing diversity component, and creates a “place of interest” OR provides advanced wastewater treatment connections for existing commercial or residential properties currently on septic/cesspools in areas that do not conform to Article 6 identified by the County as priority upgrade areas.		
8.	Applicant agrees to ensure that net nitrogen loading is permanently reduced (through a covenant) as compared to as-of-right levels.		

1. BRIEFLY DESCRIBE THE SPECIFIC PROJECT FOR WHICH FUNDING IS REQUESTED
(Response limited to the space provided)

Name of Applicant: _____

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2. DESCRIBE THE APPLICANT’S FINANCIAL CAPACITY & EXPERIENCE TO SUCCESSFULLY IMPLEMENT PROJECT. *(Response limited to the space provided)*

3. DESCRIBE THE PROJECT TIMELINE, INCLUDING AN EXPECTED START DATE AND COMPLETION DATE. PLEASE INCLUDE ALL MUNICIPAL ACTIONS THAT HAVE OCCURRED OR ARE NECESSARY TO OCCUR IN THE FUTURE TO FACILITATE THIS DEVELOPMENT. *(Response limited to the space provided)*

Name of Applicant: _____

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4. EXPLAIN HOW THE SPECIFIC PROJECT WILL ECONOMICALLY BENEFIT OR IMPROVE THE VITALITY OF THE MUNICIPALITY. *(Response limited to the space provided)*

How many additional businesses will be connected? _____ How many additional homes will be connected? _____

5. PROJECT CHARACTERISTICS: Please fill out the following chart and provide back-up materials to support your rating.

A. Project complies with the Total Maximum Daily Load (TMDL) requirement, or significantly reduced nitrogen load (50% or more**) in an area subject to a nitrogen TMDL. (10 points)

B. Project demonstrates a significant surface water benefit (minimum 50% reduction of nitrogen**) within 10-year travel time to sensitive water body (Peconic Estuary, LI Sound, etc.) (5 points) or 2-year travel time to sensitive water body (10 points)

Name of Applicant: _____

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C. Project demonstrates a significant drinking water benefit (minimum 50% reduction of nitrogen** within 10-year travel time to public water supply well, or in an area predominantly served by private wells) (5 points) or within a 2-year travel time to public supply wells. (10 points)

D. Project serves nonconforming lots in areas that were developed prior to the establishment of Article 6 of the Suffolk County Sanitary Code and have remained unsewered – majority of lots < 1 acre (5 points) or majority of lots < ½ acre (10 points)

E. Project reduces nitrogen discharge to below 10 mg/l (5 points) or 5 mg/l (10 points)

F. Project replaces a cesspool or failing systems (10 points)

Name of Applicant: _____

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G. Project incorporates advanced environmental performance credentials (i.e. LEED) and/or energy efficient measures and/or adhere to Low-Impact Development or Better Site Design and/or employ green infrastructure and/or water conservation measures (e.g., stormwater management, green roofs, repurposing wastewater). (10 points)

H. Project is located in a flood zone and upgrades a pre-existing non-conforming system or recharges pre-existing sanitary wastewater out of the flood zone. (10 points)

I. Project promotes an integrated watershed approach (e.g., a pilot project with demonstrated goal of meaningful subregional water quality improvement). (10 points)

J. Project substantially (>75%) addresses pre-existing sewage flow, or sewage flow from new development for which sewage treatment is not necessary due to SCDHS density restrictions. (10 points)

Name of Applicant: _____

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REQUIRED FORM:

APPENDIX A PROJECT BUDGET FOR: [insert name]

<u>Budget Item</u> (i.e. design, engineering, construction, operations, maintenance)	<u>Budget Item</u> <u>Funding</u> <u>Source</u> (Private, County, Town, <u>State, etc.</u>)	<u>Status of</u> <u>Funds</u> (secured, pending funding, unknown)	<u>Unit Cost</u>	<u>Total</u>

TOTAL PROJECT BUDGET \$ _____

Grant Request \$ _____

Matching Funds* \$ _____

***In order for matching funds to be considered, a commitment letter from the funding agency, noting the amount, must be attached.**