REVISED MAY 28, 2013

SUFFOLK COUNTY INFRASTRUCTURE PROGRAM

CONSTRUCTION-READY, MUNICIPAL, AND PRIVATE SEWER INFRASTRUCTURE PROJECTS

APPLICATION

Application Due: 4:30 p.m. on June 4, 2013

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.

This application form may not be used for enhanced nitrogen removal septic systems. A separate application form will be available for upgrades of individual onsite sanitary systems, and for systems which comply with Appendix A of SCDHS Commercial Construction Standards, which currently allow for advanced subsurface nitrogen removal for flows of up to 15,000 gpd (as of April 2013) for commercial projects or residential clusters (1,000 gpd or greater).

Name of Applicant: _____ Application # _____
Office Use Only

ALL SEWER INFRASTRUCTURE GRANT APPLICATIONS MUST INCLUDE THE FOLLOWING ATTACHMENTS:

_____ 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) A map of the sewage treatment plant and district, proposed or existing.

_____ 7) Letters of support from other municipalities, local civic, community and/or business groups.

_____ 8) 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, DPW (STP plans, sewers, collection system, roadways), 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

This form is to be completed by a municipality or private sewage treatment plant owner expressing interest in the Suffolk County Sewer Infrastructure Program. 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: $_____

☐ TOXIC PUBLIC HEALTH THREAT $1 MILLION MITITGATION GRANT* (check box if requesting funding)

*Yes, this project, as detailed in the attached, will mitigate a public health threat caused by toxic harmful algal blooms. Suffolk County has reserved $3 million to address this pressing public health threat; each grant will not to exceed $1 million.

AMOUNT REQUESTED AS A LOAN: $_____ AMOUNT REQUESTED AS A GRANT: $_____

TERMS REQUESTED ON THE LOAN: _____ years _____%

CURRENT SINGLE FAMILY COST EQUIVALENT FOR SEWER DISTRICT: $_____/household

CURRENT BUSINESS COST EQUIVALENT FOR SEWER DISTRICT: $_____/business

# of households connected in district: _____ median household income in district:_____

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 this application form including any attached documentation constitutes a true statement of facts to the best of my knowledge.

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 six statements, please proceed to QUESTION 1.

PROJECT CRITERIA			
Must meet all six factors below:		Yes	No
1.	Project is consistent with at least one of the following plans: Suffolk County's Comprehensive Plan, Long Island Regional Economic Development Council Strategic Plan, estuary plans like the South Shore Estuary Reserve or Peconic Estuary Program, the draft Comprehensive Water Resources Management Plan, Local Waterfront Revitalization Plans adopted by NYS, or applicable community-based locally-adopted municipal plans that have also been appropriately referred to the Suffolk County Planning Commission, such as the NS Embayment Watershed Plan, and The Long Island Sound Study(LISS).		
2.	Project applicant demonstrates the financial capacity to successfully implement project & demonstrates the experience to successfully carry out the project.		
3.	Project applicant demonstrates the ability to start the construction within 12-24 months of contract execution.		
4.	Protect or improve the quality of drinking waters within the 50-year groundwater-contributing area to public supply wells, or areas served by private wells, or project protects or improves the quality of nitrogen-sensitive waterbodies within the 25-year groundwater travel time to surface waters and tributaries of Long Island Sound, South Shore Estuary Reserve, or Peconic Estuary.		
5.	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.		
6.	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 transit hub, mixed use and housing diversity component, and creates a "place of interest" OR provides sewer connections for existing commercial or residential properties currently on septic/cesspools in areas that do not conform to Article 6, that promotes, to the maximum extent practicable, long term growth and benefit to Suffolk County, environmental sustainability components, connected to a transportation element, mixed use and housing diversity component, enhances a "place of interest."		

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

2. A. DESCRIBE THE MAINTENANCE PROGRAM (INCLUDE BOTH ROUTINE AND NON-ROUTINE ACTIONS) AT THE CURRENT FACILITY, INCLUDING THE CAPITAL INVESTMENT ASSOCIATED WITH SUCH ACTIONS AND THE FUNDING SOURCES OVER THE PAST 5 YEARS.

Name of Applicant: _____ Application # _____

Office Use Only

B. DOES THE EXISTING FACILITY MEET CURRENT STANDARDS OF THE SUFFOLK COUNTY DEPARTMENT OF HEALTH AND/OR NYSDEC AND SC DEPARTMENT OF PUBLIC WORKS, AS APPLICABLE? IF NOT, WHY?

3. IDENTIFY AT LEAST ONE OF THE PLANS LISTED BELOW FOR WHICH THIS PROJECT IS CONSISTENT WITH AND NOTE THE STATUTE OR PROVISION (INCLUDE THE PAGE NUMBER AND DATE OF THE PLAN) IN THE SPACE PROVIDED BELOW:

   - Suffolk County's Comprehensive Plan:_____
   - Long Island Regional Economic Development Council Strategic Plan:

     _____
   - Estuary plans like the South Shore Estuary Reserve or Peconic Estuary Program:

     _____
   - The draft Suffolk County Comprehensive Water Resources Management Plan:

     _____
   - Local Waterfront Revitalization Plans adopted by NYS:

     _____
   - Applicable community-based locally-adopted municipal plans that have also been appropriately referred to the Suffolk County Planning Commission, such as the NS Embayment Watershed Plan, and The Long Island Sound Study(LISS): _____

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

Name of Applicant: _____ Application # _____

Office Use Only

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

6. DESCRIBE HOW THE PROJECT WILL PROTECT OR IMPROVE THE QUALITY OF DRINKING WATERS WITHIN THE 50-YEAR GROUNDWATER-CONTRIBUTING AREA TO PUBLIC SUPPLY WELLS, OR AREAS SERVED BY PRIVATE WELLS, OR PROTECTS OR IMPROVES THE QUALITY OF NITROGEN-SENSITIVE WATERBODIES WITHIN THE 25-YEAR GROUNDWATER TRAVEL TIME TO SURFACE WATERS AND TRIBUTARIES OF LONG ISLAND SOUND, SOUTH SHORE ESTUARY RESERVE, OR PECONIC ESTUARY. *(Response limited to the space provided)*

Name of Applicant: _____ Application # _____

Office Use Only

7. DESCRIBE HOW THE 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. *(Response limited to the space provided)*

8. 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? _____

Name of Applicant: _____ Application # _____

Office Use Only

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

PROJECT CHARACTERISTICS	Score	Subtotal
A. Financial Leverage (40 points max) (*pursuant to Article 12, Section c-12-2D3b)*		
Applicant Justification: (Response limited to the space provided) 1. Project demonstrates private and/or non-county, public investment. (20% match: 10 points; 30% match: 20 points; 40% match: 25 points; 50% match: 30 points) 2. At least 75% of the amount requested will be comprised of a loan. (5 points: 75% of the amount requested as a loan; 10 points: 100% of the amount requested as a loan)		

Name of Applicant: _____ Application # _____

Office Use Only

B. Environmental Impact (30 points)

1. Project complies with the Total Maximum Daily Load (TMDL) requirement. (5 points)
   Applicant Justification: (Response limited to the space provided)

2. Project demonstrates a significant surface water benefit (minimum 50% reduction of nitrogen within 10-25-year travel time to a water body (Peconic Estuary, LI Sound, etc.) or project is in an area where contaminants or nutrients in groundwater exceed performance standards of 2.5 ppm when contributing to surface water (2 points for 25-year travel time, 3 points 10- year travel time, 4 points 10-year travel time and where groundwater exceeds 2.5 ppm)
   Applicant Justification: (Response limited to the space provided)

3. Project demonstrates a significant drinking water benefit (minimum 50% reduction of nitrogen within 50-year travel time to public water supply well, or in an area predominantly served by private wells). (5 points) *Applicant Justification: (Response limited to the space provided)*

Name of Applicant: _____ Application # _____

Office Use Only

4. Development redeems credits from an applicable transfer of development rights credit clearinghouse thereby protecting, preserving and enhancing the county's natural resources, including environmentally sensitive land, and surface and groundwater. (4 points) *Applicant Justification: (Response limited to the space provided)*

5. Project expands infrastructure for nonconforming lots in areas that were developed prior to the establishment of Article 6 of the Suffolk County Sanitary Code and have remained unsewered. (4 points) *Applicant Justification: (Response limited to the space provided)*

6. Project reuses previously developed property and/or serves areas with poor soils with a high risk of failure of pre-existing non-conforming on-site disposal systems. (4 points) *Applicant Justification: (Response limited to the space provided)*

7. Proposed sewage treatment plant will be designed and operated to meet 6 parts per million or better for nitrogen *or* project will significantly mitigate the impacts of aging communal infrastructure where contaminants or nutrients in groundwater exceed performance standards of 6ppm. (4 points) *Applicant Justification: (Response limited to the space provided)*

Name of Applicant: _____ Application # _____

Office Use Only

C. Economic Development Priorities (30 points)	
1. Project demonstrates support from other municipalities, local civic, community, and/or business groups. (4 points) *Applicant Justification: (Response limited to the space provided)*	
2. Project is within 1/2 mile from public transportation (bus and/or rail), basic services and/or within a defined downtown as defined by the New York State Smart Growth Infrastructure Act. (6 points) *Applicant Justification: (Response limited to the space provided)*	
3. Project is located in an economically distressed community as defined by Suffolk County or an urban renewal area designated by a municipality. (4 points) *Applicant Justification: (Response limited to the space provided)*	
4. Project upgrades existing sewer infrastructure or expands sewer capacity. (4 points) *Applicant Justification: (Response limited to the space provided)*	

Name of Applicant: _____ Application # _____

		Office Use Only
5. Project demonstrates sustained job creation in the private sector through economic development. (4 points) *Applicant Justification: (Response limited to the space provided)*		
6. Applicant demonstrates that future development associated with enhanced sewer capacity or new infrastructure will be required to meet 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 (greywater reuse, stormwater management, green roofs, low-flow fixtures), and/or has incorporated suggestions by the New York State Energy Research & Development Authority, and/or employs alternative wastewater technologies for enhanced nitrogen removal.(4 points) *Applicant Justification: (Response limited to the space provided)*		
7. Other factors (e.g. mitigation against the impact of anticipated sea level rise) (4 points) *Applicant Justification: (Response limited to the space provided)*		
TOTAL SCORE (maximum = 100 points)		0

Name of Applicant: _____ Application # _____
Office Use Only

PROJECT BUDGET

1) Projected costs only for project described on page 4 question # 1:

Line 1 - Project Costs $_____

2) Leveraged Funds for this specific project

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

Applicant …… $_____
Town / Village ...…….. $_____
New York State ……. $_____
Other (Specify)…..……... $_____
Other (Specify)…..……... $_____

Line 2 - Total Leveraged Funds $_____

Loan Request $_____

Grant Request $_____

Detailed Budget for line 1 (Written estimates must be attached)

Budget Line	*Quantity*	*Unit Cost*	*Total*
Equipment			
Item 1: _____	_____	$_____	$_____
Item 2: _____	_____	$_____	$_____
Item 3: _____	_____	$_____	$_____
Item 4: _____	_____	$_____	$_____
Sub Total			$_____
Materials			
Item 1: _____	_____	$_____	$_____
Item 2: _____	_____	$_____	$_____
Item 3: _____	_____	$_____	$_____
Item 4: _____	_____	$_____	$_____
Sub Total			$_____
Contracted Services			
Item 1: _____	_____	$_____	$_____
Item 2: _____	_____	$_____	$_____
Item 3: _____	_____	$_____	$_____
Item 4: _____	_____	$_____	$_____
Sub Total			$_____
TOTAL (must equal Line 1)			$_____