



**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
STATE FISCAL YEAR 2013 CAPITAL BUDGET QUESTIONNAIRE  
MUNICIPAL MATCHING GRANT PROGRAM**

Please complete a questionnaire for each project you want considered for a grant from the **Municipal Matching Grant (MMG) Program**. Please familiarize yourself with the MMG criteria before completing this questionnaire.

**MUNICIPALITY INFORMATION**

**Proposed Project**

Project Title: \_\_\_\_\_  
Municipality: \_\_\_\_\_

**Contact Information**

Your Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**PROJECT INFORMATION**

**Requested Matching Grant Funds:** \_\_\_\_\_

**Project Scope**

Please identify the appropriate category(s) for the scope of your project and then describe it:

- \_\_\_\_\_ Water
- \_\_\_\_\_ Wastewater
- \_\_\_\_\_ Solid Waste
- \_\_\_\_\_ Water Quality Enhancement

**Project**

**Description:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROJECT NEED (0 - 300 POINTS):**

Please choose from the following to indicate the appropriate Public Health and/or Environmental threats this project addresses and then describe them in more detail in the space below. You can explain the benefit to the public or the consequences of not constructing this project. Please note that the highest score from either the Public Health or Environmental Criteria will be used in calculating this projects total score, but not both.

**Public Health (select one):**

- 1. A human disease event exists, documented by ADEC or a recognized public health organization, which may include a compliance order to correct any violation related to the event. Construction of this project will correct the existing problem. (300 Pts.) Documentation is provided. *Examples include outbreaks of Hepatitis, Giardiasis or Cryptosporidiosis*
- 2. Current conditions are severe enough that a disease event could occur, but has not yet happened or been reported, or a drinking water standard could be exceeded. Documentation is provided. (200 Pts.) *Examples include fecal contamination of surface waters and/or contamination of drinking water sources*
- 3. Current conditions show that a disease event might occur. However, this project will prevent or minimize existing potential public health problems. (100 Pts.)

**OR**

**Environmental (select one):**

- 1. A pollution event or a violation of an existing permit limit has occurred, as documented by ADEC of a recognized public health organization, which may include a compliance order to correct any violation related to the event. Construction of this project will correct the existing problem (200 Pts) *Examples include violations of wastewater permits or failing on-site disposal systems.*
- 2. Current conditions are severe enough that a pollution event could occur, but it has not happened or has not been reported yet. (100 Pts) *Examples include inadequate on-site wastewater treatment systems*
- 3. Current conditions show that a pollution event might occur. However, this project will prevent or minimize potential future pollution events. (50 Pts)

**Describe Issues and Benefits:**

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Attachments:

Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PROJECT DEVELOPMENT STATUS (0 – 125 POINTS):**

Please indicate the level of planning which has taken place to date for this project, and add any comments below (select one).

- 1. Engineering plans and specifications have been prepared and have been approved by ADEC or the appropriate regulatory authority. (125 points)
- 2. Substantial Engineering Plans and specifications have been prepared and provided to ADEC. (100 points)
- 3. A feasibility study or facility plan or a project specific feasibility has been prepared and provided to ADEC. (50 points)
- 4. An up to date comprehensive study or master plan has been prepared and is available or has been provided to ADEC. (25 points)
- 5. No project development has been accomplished. (0 Pts.)

**Comments:**

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Attachments:

Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

**OPERATION AND MAINTENANCE CAPABILITIES (0 – 400 POINTS):**

**Operators: (0 - 100 Pts)**

Please provide the name, certification type and level, and certification number of your supervising operators for each different water system type, or for a solid waste project please provide the name of your supervising operator. In order to obtain these points, your system needs to be under the supervision of a qualified operator.

Is your drinking water treatment system operated by the correct level of certified operator? (25 Pts)

- Yes (25 Pts)
- No

**Name** \_\_\_\_\_ **Certification and Level** \_\_\_\_\_ **Number** \_\_\_\_\_

Is your drinking water distribution system operated by the correct level of certified operator? (25 Pts)

- Yes (25 Pts)
- No

**Name** \_\_\_\_\_ **Certification and Level** \_\_\_\_\_ **Number** \_\_\_\_\_

Is your wastewater treatment system operated by the correct level of certified operator? (25 Pts)

Yes (25 Pts)

No

Name \_\_\_\_\_ Certification and Level \_\_\_\_\_ Number \_\_\_\_\_

Is your wastewater collection system operated by the correct level of certified operator? (25 Pts)

Yes (25 Pts)

No

Name \_\_\_\_\_ Certification and Level \_\_\_\_\_ Number \_\_\_\_\_

**OR,**

For solid waste/storm water projects only, have your solid waste/storm water operators received adequate training for facility operation?

Yes (100 Pts)

No

Please describe the type, organization and date of training received:

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**Operation Capabilities (0 – 150 Pts):**

Please answer the following questions regarding the meeting of drinking water sampling and wastewater permit requirements. Or, if a solid waste project, whether or not permit requirements are being met.

**Drinking Water System Operations:** Are routine water sample results submitted to the State?

Yes (75 Pts)

No

*More information about your system’s regulatory compliance, including any violations and listings on the Significant Non-Compliance List is available from the ADEC Drinking Water Program at (907) 269-2007, or by accessing the web-site for operation-related Significant Non-Compliance, which is updated quarterly. The web-site address is:*

*[http://www.dec.state.ak.us/water/vsw/pdfs/snc\\_tier\\_list.pdf](http://www.dec.state.ak.us/water/vsw/pdfs/snc_tier_list.pdf)*

**Wastewater System Operations:** Are federal wastewater and/or State wastewater permit requirements being met by your system?

Yes (75 Pts)

No

**OR, (for solid waste/storm water projects only)**

**Solid Waste/Storm Water Operations:** Are permit requirements being met by your system?

Yes (150 Pts)

No

**Operation and Maintenance Costs: (0 - 50 Pts)**

Please select from the following choices what effect this project will have on the annual operation and maintenance of the system.

Operational and maintenance costs have been estimated, and the project will have no effect on costs (50 Pts).

The annual operation and maintenance costs have not been estimated. (0 pts).

The annual costs have been estimated and source(s) of funding are listed as follows (50 Pts):

Current O&M Costs: \_\_\_\_\_

Funding Sources

- a. User Fees - amount: \_\_\_\_\_
- b. City Revenues - amount: \_\_\_\_\_
- c. Sales Taxes - amount: \_\_\_\_\_
- d. Other - amount: \_\_\_\_\_

**Rate Analysis and User Rate Consideration: (0 - 50 Pts)**

Has a rate analysis been conducted within the past five years to ensure fees collected will adequately cover the costs of owning and operating the water, wastewater or solid waste systems? Documentation must be provided in order to receive these points. This documentation can include a copy of the rate study or council action regarding rates.

Yes (An electronic copy has been attached, or a copy will be mailed in \_\_\_\_\_ Please check here if prior to the deadline. 50 Pts)  on file with DEC

No

**User Fee: (0 - 50 Pts)**

Have you adopted a local user fee ordinance? A copy of the ordinance must be made available to receive points.

Yes (An electronic copy has been attached, or a copy will be mailed in \_\_\_\_\_ Please check here if prior to the deadline. 50 Pts)  on file with DEC

No

**PROJECT PHASING**

**Relationship to Other Project Phases: (0 – 100 Pts)**

Your project may be composed of more than one construction segment or phase. If so, please check one of the following statements and explain.

1. This construction project will make the previous project phase functional or complete construction. Explain below the relationship of this phase to the whole project. Documentation is provided. (100 Pts)

2. This project needs to be constructed in conjunction with another project to reduce overall costs to the State. A schedule is identified. Documentation is provided. (50 Pts)

3. This is the initial phase of construction for a project that has been phased for purposes of funding. Documentation is provided. (50 Pts)

4. None of the above criteria applies. (0 Pts)

**LOCAL PROJECT COMMITMENT**

**Project Funding: (0 - 100 Pts)**

Including this grant funding request, are there other adequate sources and amounts of funding available for this project? The source, amount and year of matching funds have been identified and are available now. (This does not include unanticipated funds from future year grants or appropriations).

Yes

No

Please list the sources and amounts of funding you expect to use on this project. Please provide verification of each funding source. (100 points)

Source: _____	Amount: _____	Year: _____
Source: _____	Amount: _____	Year: _____
Source: _____	Amount: _____	Year: _____
Source: _____	Amount: _____	Year: _____

Attachments:

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Use of Federal Funds: (0 - 75 Pts MAX)**

Will this project capture or use currently available federal funds as part of the project financing?

Yes (75 Pts)

No

If yes, please identify the amount and source of federal funds:

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**AND/OR,**

Do you have an executed ACWF or ADWF loan agreement for this project?

Yes (75 Pts)

No

If yes, the amount: \_\_\_\_\_

**IF NOT,**

Is the project currently on either an ACWF or ADWF Intended Use Plan project list?

Yes

No

If yes, the amount: \_\_\_\_\_

**Project Priority: (0 - 50 Pts)**

What priority does this project have in your municipality's overall capital budget request to the state this fiscal year?

Priority: \_\_\_\_\_

If this is your number one priority, is there a Council resolution attached identifying this project as your number one local state funding priority over all other projects for this fiscal year?

Yes

An electronic copy has been attached, or a copy will be mailed in prior to the deadline. (50 Pts)

No

**Population Benefiting Ratio: (5 – 15 Pts)**

Please compute and indicate whether this project has a Low, Moderate, or High cost/population benefiting ratio.

Low cost/population benefiting                      \$0 – \$400/person                      (15 Pts)

Moderate cost/population benefiting                      \$401 – \$4000/person                      (10 Pts)

High cost/population benefiting                      > \$4000/person                      (5 Pts)

**PROJECT COST:**

Please provide an estimate of total project costs. These costs must be documented by an engineering cost analysis or feasibility study to receive points. If so, please provide a copy.

**Estimated Project Costs:**

Administration	_____
Project Design	_____
Engineering Management/Inspection	_____
Construction	_____
Equipment	_____
Other (Contingency)	_____
<b>Total Costs</b> (Sum of above)	_____

**Cost Estimate By:**

Name	_____
Title or Position	_____
Organization	_____
Phone Number	_____

Document on file with ADEC     Document is attached     Document to be mailed or faxed

**Attachments:**

Title: _____	Date: _____
Title: _____	Date: _____
Title: _____	Date: _____