



**Division of Water
State Revolving Fund Program**

Backup Generator Grant Application

APPLICANT INFORMATION

Public Water System Name: _____ **Ownership:** Municipal Private Non-Profit

Public Water System ID No.: _____ **Classification:** CWS NTNC

Applicant Organization (Grantee): _____ **UEI No. (Required):** _____

System Owner (if not the Applicant Organization): _____

***Project Contact Name:** _____ ***Contact Title:** _____

***Mailing Address:** _____ **City, State, Zip:** _____

***Phone Number:** _____ **Email:** _____

*Note: *Not a consultant. CWS = Community Water System NTNC = Non-Transient, Non-Community*

GENERAL INFORMATION

Population Served: _____ **# of Service Connections:** _____ **Generator Type:** Stationary Portable

Do you currently have a generator to operate the critical water system facilities? Yes No

What will be the source of fuel for the new emergency power generator? Diesel Propane Natural Gas

What is the size of the generator you are looking to purchase (in kilowatts)? _____

Project Estimated Start Date: _____ **Estimated Completion Date:** _____

*Note: *It is important to purchase a generator that can maintain critical system electrical components. If the answer is no, please provide an explanation under the Project Description as to why a sufficiently sized generator could not be purchased and how the generator will maintain the critical system electrical component.*

PROJECT COMPONENTS AND ASSOCIATED COST

(Cost should only reflect what will be paid for using this grant and cannot exceed \$75,000)

Generator (Procurement Only):	\$ _____	TOTAL
Installation:	\$ _____	
Electrical work to accept generator:	\$ _____	
Security (e.g. security fencing):	\$ _____	
Fuel storage, piping, etc. (actual fuel is not to be included):	\$ _____	
Other: _____	\$ _____	

PROJECT DESCRIPTION

Describe how the work will be accomplished.

CERTIFICATION

The water system owner-authorized representative certifies that the information submitted in this application is true and correct to the best of his/her knowledge and that he/she is authorized to sign and submit this application. The applicant agrees, if a grant is awarded on the basis of this application, to comply with all applicable rules and regulations of the Alaska Department of Environmental Conservation and the terms and conditions of the grant agreement.

If an applicant organization has been listed on the application, the water system owner authorizes the applicant to implement the grant-funded project.

Water System Owner Print Name and Title

Water System Owner Signature

Date

If an applicant organization has been authorized by the water system owner to implement the grant-funded project, the following signature block must be completed. The authorized representative certifies that the information submitted in this application is true and correct to the best of his/her knowledge and that he/she is authorized to sign and submit this application. The applicant agrees, if a grant is awarded on the basis of this application, to comply with all applicable rules and regulations of the Alaska Department of Environmental Conservation and the terms and conditions of the grant agreement.

Applicant Organization Print Name and Title

Applicant Organization Signature

Date

APPLICATION PREPARER'S NAME AND SIGNATURE

Print Name and Title

Signature

Date

APPLICATION SUBMITTAL OPTIONS

Email: dec.srfprogram@alaska.gov or Mail: ADEC SRF Program, 555 Cordova Street, Anchorage, AK 99501

ADDITIONAL INFORMATION

Eligibility: Grants will be made available to community water systems servicing populations of 3,300 or less.

Applicant Information: Print or type the applicant information. The applicant is the entity that will receive the grant, if awarded. The contact noted on the application should be knowledgeable about the application and able to be contacted during business hours.

Prior to receiving funding assistance, the entity must have a SAM.gov Unique Entity Identifier (UEI), and the UEI must be included in the application. Applicants may obtain a UEI at no cost from the System for Award Management (SAM) website: <https://sam.gov/>. Should you need assistance with this process, call the toll-free help desk at 1-866-606-8220 or learn more at https://www.fsd.gov/gsafsd_sp. Applicants with a prior enrollment with SAM.gov should only have to log into their account to obtain their UEI. Applicants must attach a screenshot/printout of the SAM.gov website showing the applicant's UEI to this Backup Generator Grant application. The UEI must be directly associated with the applicant's legal name. The authorized representative is the person designated by the application to sign official documents and speak on behalf of the applicant on project-related matters.

Please provide a telephone number that will be answered during workday hours.

Backup Generator Program Guidelines: The guideline is laid out on the Backup Generator Program website at: <https://dec.alaska.gov/water/state-revolving-fund/backup-generator-grant/>

Application Submission: Sign the application; attach any additional information that will enable the department to prioritize your project needs.

**Incomplete applications will be returned.
The project must result in a fully installed and
functional system.**