



Division of Water
State Revolving Fund Program

Backup Generator Grant Application

APPLICANT INFORMATION

Public Water System Name:		Ownership:	<input type="checkbox"/> Municipal <input type="checkbox"/> Private non-profit
Public Water System ID No.:		Classification:	<input type="checkbox"/> CWS <input type="checkbox"/> NTNC
System Owner/Grantee:			
*Project Contact Name:		UEI No.:	<i>(Required)</i>
*Project Contact Title:		Mailing Address:	
*Phone Number:		City/State:	
*Email Address:		Zip Code:	

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

GENERAL INFORMATION

Population Served:		# of Service Connections:		Generator Type:	<input type="checkbox"/> Stationary <input type="checkbox"/> Portable
Do you currently have a generator to operate the critical water system facilities?					<input type="checkbox"/> Yes <input type="checkbox"/> No
What will be the source of fuel for the new emergency power generator?				<input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas	
What is the size of the generator you are looking to purchase? (in kilowatts)					
Will the generator provide sufficient capacity to maintain critical system electrical components?*					<input type="checkbox"/> Yes <input type="checkbox"/> No
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 the 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)

	\$	TOTAL
Generator (procurement only):	\$	\$
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 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.

Print Name:	Title:	Signature:	Date

PREPARER'S NAME AND SIGNATURE

Print Name:	Title:	Signature:	Date

APPLICATION SUBMITTAL OPTIONS

-  **Email:** dec.srfprogram@alaska.gov
-  **Mail:** Alaska Department of Environmental Conservation/State Revolving Program
555 Cordova Street, Anchorage, AK 99501

ADDITIONAL INFORMATION

- Eligibility:** Grants will be made available to community water systems serving 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 on the application. Applicants may obtain a UEI at no cost from the System for Award Management (SAM) website: <https://www.sam.gov/SAM/>. 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 who have 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 authorized representative is the person designated by the application to sign official documents and to 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/technical-assistance-and-financing/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 fully installed and**