

Drinking Water Facilities Funding Application

Drinking Water State Revolving Fund Program (DWSRF)
 Consolidated Water Facilities Construction Program (CWFCP)

Applicant: City of Mitchell Address: 612 N. Main Street Mitchell, SD 57301 Subapplicant: DUNS Number: 04-091-4277	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; border-bottom: 1px solid black;">Proposed Funding Package</td> </tr> <tr> <td style="text-align: right; padding-right: 20px;">Requested Funding</td> <td style="text-align: right; border-bottom: 1px solid black;">\$11,000,000</td> </tr> <tr> <td style="text-align: right; padding-right: 20px;">Local Cash</td> <td style="text-align: right; border-bottom: 1px solid black;">\$20,000</td> </tr> <tr> <td style="text-align: right; padding-right: 20px;">Other: _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: right; padding-right: 20px;">Other: _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: right; padding-right: 20px;">Other: _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: right; padding-right: 20px;">TOTAL</td> <td style="text-align: right; border-bottom: 3px double black;">\$11,020,000</td> </tr> </table>	Proposed Funding Package		Requested Funding	\$11,000,000	Local Cash	\$20,000	Other: _____		Other: _____		Other: _____		TOTAL	\$11,020,000
Proposed Funding Package															
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Other: _____															
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TOTAL	\$11,020,000														

Project Title: City of Mitchell Water System Improvements

Description:

The project will consist of major upgrades to Mitchell's drinking water system. The primary components of the project will include construction of a 2.5 million gallon capacity ground storage tank and associated pump station and chemical feed facility, modifications to the water distribution system, and demolition of the Burr Street water tank.

The Applicant Certifies That:

I declare and affirm under the penalties of perjury that this application has been examined by me and, to the best of my knowledge and belief, is in all things true and correct.

Robert B. Everson, Jr. Mayor

 Name & Title of Authorized Signatory
 (Typed)

 Signature

 Date

Certification of Drinking Water Needs Categories

Identify the loan amount associated with the needs category or categories described below. If the loan addresses needs in more than one category, please break down the total amount into estimated amounts for each category.

Definition	Loan Amount
<u>Transmission/Distribution</u>	\$1,100,000
<u>Treatment</u>	\$5,300,000
<u>Storage</u>	\$4,600,000
<u>Source</u>	
<u>System Purchase</u>	
<u>Restructuring</u>	
<u>1452(k) Loan Activities</u>	
1. To acquire land or a conservation easement for source water protection.	
2. To implement voluntary, incentive-based source water quality protection measures.	
Total	\$11,000,000

Robert B. Everson, Jr. Mayor

Name & Title of Authorized Representative

Signature of Authorized Representative

Date

Certification Regarding Debarment, Suspension, and Other Responsibility Matters

The prospective participant certifies to the best of its knowledge and belief that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 U.S.C. § 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Robert B. Everson, Jr. Mayor

Name & Title of Authorized Representative

Signature of Authorized Representative

Date

I am unable to certify to the above statements. Attached is my explanation

Water Supply Assessment Certification Form

This is to certify compliance with Section 2108, Subsection (b) of the Water Infrastructure Improvements for the Nation Act of 2017. Drinking water systems serving 500 or fewer persons and not served by a publicly owned source must certify that consideration has been given to alternative publicly owned drinking water supply sources to include (1) individual wells; (2) shared wells; and (3) community wells.

Please select only one option from below:

- The existing system is already served by a publicly-owned water source or privately-owned water source for a public water system (e.g. a rural water system).
- The existing system is currently served by a privately-owned water source and alternatives have been considered to provide a publicly-owned water source or privately-owned water source for a public water system.
- Not applicable, the system serves greater than 500 persons.

Applicant Name: City of Mitchell

Project Name: Mitchell Water System Improvements

We certify that the proposed project is in compliance as described above. **(Project engineer signature required only if the second box above is selected)**

Applicant's Authorized Signatory

Project Engineer

Signature: _____

Signature: _____

Printed Name: Robert B. Everson, Jr.

Printed Name: _____

Title: Mayor

Title: _____

Date:

Date: