

Rural Water Infrastructure Committee

Project Information Form

RWIC values the opportunity to meet with you to discuss your project. Please provide as much information as possible about your project and resource needs to more easily facilitate participation from the appropriate funding agency.

General Information			
Name of Facility/System:			
Drinking Water System ID Number (if applicable):			County:
Type of Organization: Municipality Special/Domestic District Private Co-op Tribal Non-profit (501C3) Other (please explain):			
Contact Name:		Title:	
Telephone Number:		E-mail Address:	
System Address:		City:	State:
Zip:			
Demographic & Service Area Information			
Type of Project: () Water () Wastewater () Other (please specify)			
Population of Service Area:		Number of Connections or Users:	
Avg. Monthly Residential Fee (base + use):		Approx. Median Income in Service Area:	
Project Description			
Explain Problem:			
Proposed Solution:			
Estimated Project Cost: \$		Estimate Provided By:	
Date of Estimate:			
Challenges/Assistance Needs (check all that apply):			
<input type="checkbox"/> Not Certain of How and Where to Begin <input type="checkbox"/> Rate Studies/Setting <input type="checkbox"/> Public Is Unaware of the Problem <input type="checkbox"/> Lack Public Support for Solution <input type="checkbox"/> Need Qualified Consultants <input type="checkbox"/> Experiencing Technical Problems <input type="checkbox"/> Need Funding <input type="checkbox"/> Regulatory Problems <input type="checkbox"/> Environmental Issues <input type="checkbox"/> Other (please explain):			
If environmental, compliance or other issues are relevant, please explain:			
Prior Assistance			
Have you previously contacted any agencies or lending sources about funding? If yes, please identify organization.			
<input type="checkbox"/> BECC <input type="checkbox"/> BOR <input type="checkbox"/> CDBG <input type="checkbox"/> USDA Rural Development <input type="checkbox"/> WIFA <input type="checkbox"/> NADBank <input type="checkbox"/> RCAC <input type="checkbox"/> Other (please identify):			
Have you received on-site technical assistance? If yes, please identify organization.			
<input type="checkbox"/> ADEQ <input type="checkbox"/> RCAC <input type="checkbox"/> RWAA <input type="checkbox"/> Other (please identify):			

Send the completed form to Sara Konrad, RWIC Coordinator, via e-mail (skonrad@azwifa.gov), fax (602-364-1327) or U.S. mail (100 North 15th Avenue, Suite 103, Phoenix, AZ 85007). If you have questions, feel free to call Sara at 602-364-1319.