



**Massachusetts Department of Environmental Protection
 Bureau of Resource Protection
 Division of Municipal Services
 Clean Water State Revolving Fund (CWSRF)
 2010 Project Evaluation Form**

 LGU

 Project No. (from Item 4 of Part I)

Part I - Proponent and Project Identification and Certification

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Local Governmental Unit (LGU)

 City, Town, or District Name

 Federal Employer Identification Number

 Authorized Representative: Name

 Title

Mailing Address:

 Street Address

 City

 State

 Zip Code

 Telephone

 Fax

 E-mail address

2. LGU Contact Person (If different from Item 1)

 Name

 Title

Mailing Address:

 Street Address

 City

 State

 Zip Code

 Telephone

 Fax

 E-mail address

3. Engineer or Consulting Firm

 Firm/Agency

 Federal Employer Identification Number

 Contact Person

Mailing Address:

 Street Address

 City

 State

 Zip Code

 Telephone

 Fax

 E-mail address



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Part I - Proponent and Project Identification and Certification (cont.)

4. Project Identification

Identify the project(s) for which you are seeking financial assistance. **IMPORTANT:** If more than one project, number the projects sequentially, and attach separate Part II and Part III forms for each project. Use Part IIA for Construction projects; Part IIB for Planning projects.

No.	(P)lanning or (C)onstruction	Name/brief description of project (If a planning project indicate type – Comprehensive Wastewater Management Plan, Project Evaluation Report, Stormwater Management Plan, etc.)	River Basin(s)
01	_____	_____	_____
02	_____	_____	_____
03	_____	_____	_____
04	_____	_____	_____

5. Is proposed project or a portion of the project a recommendation of an approved Source Water Assessment and Protection (SWAP) report? Yes No

6. Certification

To the best of my knowledge and belief the information provided on this form and the accompanying forms and attachments is true, correct, and complete; and I am authorized to file this form on behalf of the below-named LGU.

 Local Governmental Unit

 Typed Name

 Title

 Signature

 Date



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Part II A - Project Schedule and Costs for Construction Projects

1. Funding Authorization

Has local funding been authorized?

Yes No

(If yes, attach copy of appropriate document.)

If yes, date of authorization

Amount authorized

If no, planned date for authorization

2. Project Schedule (Indicate projected dates in mm/dd/yy format.)

(For steps already accomplished, follow the date with the letter "A" to indicate an actual date.)

	Start	Finish
Planning (If planning has been completed, provide title and date of report.)	_____	_____
Design (Preparation of project plans and specifications.)	_____	_____
Permitting and Environmental Review	_____	_____
Construction/Implementation	_____	_____
Loan Application Submittal date: _____		

3. Project Costs (State estimated costs in \$1000s)

	Total Cost	Eligible Cost
Construction	_____	_____
<i>Attach an explanation of the basis of the cost estimate and reference the source of data. DMS recommends use of ENR Index of 8795.</i>	Contract No. _____	_____
	Contract No. _____	_____
	Contract No. _____	_____
<i>If the project includes costs for police traffic details, provide an explanation and detailed breakdown of the estimate.</i>	Total Construction: _____	_____
	Construction Contingency: _____	_____
	Construction Services: _____	_____
	Police Traffic Detail: _____	_____
	Total: _____	_____



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Part II A - Project Schedule and Costs for Construction Projects (cont.)

4. Other Assistance

Are you seeking, or have you been awarded, a loan and/or grant from another program for this project or a portion thereof?

Loan/Grant Program	Type of Assistance	Amount Requested	Amount Received
Federal	_____	_____	_____
State	_____	_____	_____
Regional	_____	_____	_____
Private	_____	_____	_____
Other	_____	_____	_____

Part II B - Project Schedule And Costs For Planning Projects

1. Funding Authorization

Has local funding been authorized? (If yes, attach copy of appropriate document.) Yes No

 If yes, date of authorization

 Amount authorized

 If no, planned date for authorization

2. Project Schedule (Indicate projected dates in mm/dd/yy format.)

(For steps already accomplished, follow the date with the letter "A" to indicate an actual date.)

	Start	Finish
Selection of consultant ("finish" date = date Engineering contract executed)	_____	_____
Preparation of Scope of Work ("finish" date = date Scope submitted to DEP)	_____	_____
Planning ("finish" date = date draft CWMP, PER, etc. submitted to DEP)	_____	_____
Loan Application Submittal date: _____		

3. Project Costs (State Estimated Eligible Cost In \$1000s)

Total Eligible Cost: _____

4. Other Assistance

Are you seeking, or have you been awarded, a loan and/or grant from another program for this project or a portion thereof? Yes No



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Part II B - Project Schedule And Costs For Planning Projects (cont.)

Loan/Grant Program	Type of Assistance	Amount Requested	Amount Received
Federal	_____	_____	_____
State	_____	_____	_____
Regional	_____	_____	_____
Private	_____	_____	_____
Other	_____	_____	_____

NOTE: The Department understands that the purpose of undertaking a planning project is to try to identify the nature and extent of the water quality and public health problems, then to recommend solutions. At the planning stage, it may be unlikely that you have a good understanding of the situation. Consequently, not all of the criteria listed within the Project Evaluation Form may apply to your planning project. Please address all that apply and include a copy of relevant sections of any reports that you may have completed.

Part III - Project Narrative Checklist

A. Project Summary – Description, Objectives, and Planning Basis

- Refer to the Instructions and Guidance. Use the checklist to confirm that the project narrative has adequately described the project and its benefits. (Check)
- Project objectives; documentation of public health and water quality issues to be addressed.
 - Scope of project, key facilities or tasks; environmental and public health benefits.
 - Identification of project area, site plan/project map.
 - Planning basis of project; copy of pertinent pages of approved planning document.
 - Basis of cost estimate; engineer's estimate for construction projects

B. Public Health Criteria

Item No.	Pts	1. What is the cause of the environmental/ public health problem project will address?	(Check)	Page Number in Narrative	Attachment ID & Page No.
1	3	Contaminated stormwater	<input type="checkbox"/>	_____	_____
2	4	Illicit connection to stormwater system	<input type="checkbox"/>	_____	_____
3	5	Combined Sewer Overflows >20/year	<input type="checkbox"/>	_____	_____
	4	11 – 20/year	<input type="checkbox"/>	_____	_____
	3	1 – 10/year	<input type="checkbox"/>	_____	_____



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Part III - Project Narrative Checklist (cont.)

Item No.	Pts	1. What is the cause of the environmental or public health problem project will address? (Check)	Page Number in Narrative	Attachment ID & Page No.
4	2 or 5	Widespread septic system failure <input type="checkbox"/>	_____	_____
5	5	Raw sewage back-up from municipal system <input type="checkbox"/>	_____	_____
6	5	Sanitary Sewer Overflow > 3/year <input type="checkbox"/>	_____	_____
	4	3/year <input type="checkbox"/>	_____	_____
	3	1 – 2/year <input type="checkbox"/>	_____	_____
7	1	Water pollution related odor problem <input type="checkbox"/>	_____	_____
8	2	Landfill leachate (if exceeds MCL) <input type="checkbox"/>	_____	_____
9	2	POTW malfunction, i.e. inadequate disinfection <input type="checkbox"/>	_____	_____
10	1-3	Other _____ <input type="checkbox"/>	_____	_____
		II. What is the nature of the resource affected? (Check)	Page Number in Narrative	Attachment ID & Page No.
11	5	Public drinking water supply <input type="checkbox"/>	_____	_____
		Is alternate supply available? <input type="checkbox"/> Yes <input type="checkbox"/> (No +1)	_____	_____
12	5	Private drinking water supply <input type="checkbox"/>	_____	_____
		Is alternate supply available? <input type="checkbox"/> Yes <input type="checkbox"/> (No +1)	_____	_____
13	4	Private homes <input type="checkbox"/>	_____	_____
14	4	Public streets or parklands <input type="checkbox"/>	_____	_____
15	3	Swimming beaches <input type="checkbox"/>	_____	_____
16	2	Boating areas <input type="checkbox"/>	_____	_____
17	1	Sensitive population affected <input type="checkbox"/>	_____	_____
18	3	Population affected >10,000 <input type="checkbox"/>	_____	_____
	2	25 – 9,999 <input type="checkbox"/>	_____	_____
	1	1 - 24 <input type="checkbox"/>	_____	_____
19	1-3	Other _____ <input type="checkbox"/>	_____	_____



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Part III - Project Narrative Checklist (cont.)

C. Environmental Criteria

Item No.	Pts	I. What is the nature of the environmental problem encountered?	(Check)	Page Number in Narrative	Attachment ID & Page No.
20	3	NPDES limits exceeded	<input type="checkbox"/>	_____	_____
21	3	Aquatic toxicity	<input type="checkbox"/>	_____	_____
22	2	Nutrients	<input type="checkbox"/>	_____	_____
23	2	Dissolved oxygen	<input type="checkbox"/>	_____	_____
24	1	Temperature	<input type="checkbox"/>	_____	_____
25	2	Bacteria	<input type="checkbox"/>	_____	_____
26	2	Turbidity	<input type="checkbox"/>	_____	_____
27	1	Noxious aquatic plants	<input type="checkbox"/>	_____	_____
28	1	Aesthetics	<input type="checkbox"/>	_____	_____
29	1-3	Other _____	<input type="checkbox"/>	_____	_____

Item No.	Pts	II. What environmental resource(s) is affected?	(Check)	Page Number in Narrative	Attachment ID & Page No.
30	3	Public water supply – Surface Zone A	<input type="checkbox"/>	_____	_____
31	3	Public water supply – Groundwater Zone I	<input type="checkbox"/>	_____	_____
32	2	Outstanding Resource Water (ORW)	<input type="checkbox"/>	_____	_____
33	2	Area of Critical Environmental Concern (ACEC)	<input type="checkbox"/>	_____	_____
34	2	Public water supply – Surface Zone B	<input type="checkbox"/>	_____	_____
35	2	Public water supply – Groundwater Zone II	<input type="checkbox"/>	_____	_____
36	2	Commercial fishery	<input type="checkbox"/>	_____	_____
37	2	Endangered species habitat	<input type="checkbox"/>	_____	_____



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Part III - Project Narrative Checklist (cont.)

C. Environmental Criteria (cont.)

Item No.	Pts	II. What environmental resource(s) is affected? (cont.)	(Check)	Page Number in Narrative	Attachment ID & Page No.
38	2	Sole source aquifer	<input type="checkbox"/>	_____	_____
39	2	Ocean Sanctuary	<input type="checkbox"/>	_____	_____
40	1	Recreational fishery / shellfish area	<input type="checkbox"/>	_____	_____
41	1	Federally designated river (scenic, historic, etc.)	<input type="checkbox"/>	_____	_____
42	1-3	_____ Other	<input type="checkbox"/>	_____	_____

D. Project Effectiveness

Item No.	Pts	I. How and to what extent will the project eliminate or mitigate the problem?	(Check)	Page Number in Narrative	Attachment ID & Page No.
		Reduces violations of water quality standards	<input type="checkbox"/>	_____	_____
		Restores designated uses	<input type="checkbox"/>	_____	_____
		Reduces potential adverse impacts to sensitive resources	<input type="checkbox"/>	_____	_____
		Protects designated uses	<input type="checkbox"/>	_____	_____
		Reduces or eliminates public health problems/nuisances	<input type="checkbox"/>	_____	_____
		Protects public health resources from contamination	<input type="checkbox"/>	_____	_____
		_____ Other	<input type="checkbox"/>	_____	_____
43	30	Project substantially eliminates or mitigates problem	<input type="checkbox"/>	_____	_____
	15	Project moderately mitigates problem	<input type="checkbox"/>	_____	_____
	0	Project minimally mitigates problem	<input type="checkbox"/>	_____	_____



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E. Program and Implementation Criteria

Item No.	Pts	I. Consistency with EOE/DEP Watershed Management Plans or priorities	(Check)	Page Number in Narrative	Attachment ID & Page No.
44		Implements a recommendation within: (cont.)			
	35	- a CWMP/EIR (if necessary) that has completed review through MEPA.	<input type="checkbox"/>	_____	_____
	30	- a TMDL (case specific) or CEP.	<input type="checkbox"/>	_____	_____
	25	- a TMDL (case specific), PER, SSES, Stormwater Management Plan, or CWMP/EIR (if necessary) if DEP has indicated support and few if any serious issues need to be addressed.	<input type="checkbox"/>	_____	_____
	20	- a Water Quality Assessment Report, Diagnostic/ Feasibility Study or EOE/DEP Watershed Management Plan that specifically identifies the project.	<input type="checkbox"/>	_____	_____
	15	- a Local Planning Study or CWMP/EIR (if necessary if greater than 15 years old or if recently submitted DEP but comments have not yet been made.	<input type="checkbox"/>	_____	_____
45		II. Compliance and Enforcement			
	10	Project achieves compliance with enforcement order.	<input type="checkbox"/>	_____	_____
	8	Maintains permit compliance level.	<input type="checkbox"/>	_____	_____
	6	Achieves voluntary compliance (violation w/no order).	<input type="checkbox"/>	_____	_____
46		III. Multi-community, regional or basin solution			
	8	Project substantially addresses regional problem.	<input type="checkbox"/>	_____	_____
	6	Project includes significant I/I reduction or stormwater recharge.	<input type="checkbox"/>	_____	_____
	4	Project moderately addresses regional problem.	<input type="checkbox"/>	_____	_____
	2	Project includes significant I/I or stormwater recharge.	<input type="checkbox"/>	_____	_____
47		IV. Innovative/Alternative Technology			
	2	Project utilizes DEP-approved I/A technology.	<input type="checkbox"/>	_____	_____



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E. Program and Implementation Criteria

Item No.	Pts		(Check)	Page Number in Narrative	Attachment ID & Page No.
48	2	V. Pricing System under MGL c. 40, s.39J			
		Certification attached	<input type="checkbox"/>	_____	_____
49.		What is the score from the Commonwealth Capital Application for your community? Please provide the score (and a copy of the submitted application).			

F. Energy

Item No.	Pts	I. How and to what extent will the project include an energy efficiency or renewable energy resource?	(Check)	Page Number in Narrative	Attachment ID & Page No.
50	2	Project includes recommendation within an energy audit.	<input type="checkbox"/>	_____	_____
51	10	Project provides substantial energy efficiency.	<input type="checkbox"/>	_____	_____
	5	Project provides moderate energy efficiency.	<input type="checkbox"/>	_____	_____
	2	Project provides nominal energy efficiency.	<input type="checkbox"/>	_____	_____
52	10	Project provides substantial renewable energy.	<input type="checkbox"/>	_____	_____
	5	Project provides moderate renewable energy.	<input type="checkbox"/>	_____	_____
	2	Project provides nominal renewable energy.	<input type="checkbox"/>	_____	_____

Applicants can submit their completed Commonwealth Capital Application to: Massachusetts Office for Commonwealth Development, Attn: Commonwealth Capital, 100 Cambridge St., Boston, MA 02114

G. Threshold Criteria

Item		(Yes/No)
53	An affirmative answer to either question below will disqualify the project from review Indicate whether and to what extent the capacity to be provided by the project duplicates existing treatment or disposal capacity already available at an economic cost within the relevant region	_____
54	Identify and describe the extent of any potential negative impacts to water quality, water quantity, or to the public health directly attributable to the project, and assess whether and to what extent any such negative impacts outweigh the project's environmental and/or public health benefits.	_____