



***Making a Difference
for Maine Communities***

**DRINKING WATER SRF
APPLICATION**

EMERGING CONTAMINANTS

STAND-ALONE FUNDING

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INSTRUCTIONS

Application instructions: To obtain the most current version of the SRF - Drinking Water application please visit our website at www.mmabb.com/applications.aspx.

Once complete, please: Email the application to David Welch at the Department of Health and Human Services at david.welch@maine.gov and Kelley Wheeler at the Maine Municipal Bond Bank at kpw@mmabb.com.

Careful completion of the application will contribute to quick processing of your loan request. Please bring to our attention any additional information that is not disclosed in the application or the supporting documentation. If you have any questions or need help completing the application, please call Kelley Wheeler at (207) 620-1069.

This application shall not constitute a contract or commitment to enter into a contract.

General Information

Name of Applicant:

Mailing Address:

	Primary Contact	Engineer
Name:		
Title:		
Telephone:		
Email:		
Mailing address:		

Please provide MMBB with a copy of your contract with the engineer.

Status of the Project:

Have you entered into a contract with an engineer?

Yes

No

If no, expected date?

Population Served

Have you obtained all permits and authorizations required for this project? NOTE: DHHS technical staff will provide you with a list of the permits and authorizations needed for your project.

	Yes	No	Date Obtained	Date Expected
DHHS	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

GENERAL INFORMATION *(continued)*

What is the expected completion date for the project?

Form of Authorization Referendum Council Town Meeting Other

Authorized Amount: Date Authorized:

Please provide a copy of documents authorizing a financial agreement with the MMBB for funding from the DW SRF program.

Please identify each source of funding below.

Source of Funds	
Total Source of Funds:	

STATEMENT OF DEFAULT

We hereby certify that (applicant) _____ has not defaulted on any payment of principal and/or interest. If default occurred, please provide details on a separate page.

Is the applicant under any regulatory or court compliance order? Yes No

If yes, please describe on a separate page, including issuance and compliance requirement date.

Any material facts that amplify the financial effect on the community, not requested in this application, should be noted here:

The facts and representations in this application are from the official records of this unit and are correct in all material aspects to the best of our knowledge.

Chief Administrative Officer:

Print Name

Title

Signature

Treasurer:

Print Name

Signature

Date