



775 Summer St NE Suite 200, Salem OR 97301-1280

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Date Received:
SD#:
Portfol Number:

Sustainable Infrastructure Planning Projects (SIPP)
Application

For details on the SIPP program and application process, please visit the Oregon Health Authority page at https://www.oregon.gov/oha/ph/HealthyEnvironments/DrinkingWater/SRF/Pages/sipp.aspx

Section 1: Applicant Information

Organization Name, Organization Type, Street Address, Mailing Address, City, State, ZIP, Office Phone, Web URL, County, Federal Tax ID, Water System Identification Number (PWSID), UEI Number\*, Expiration Date for SAM Registration\*

\*NOTE: To receive project funding, a SIPP applicant is required to complete the U.S. federal government System for Award Management ("SAM") registration and secure a Unique Entity Identifier (UEI) number. It is recommended that a SIPP applicant have an active SAM registration, or a pending registration, at time of application. Please visit https://sam.gov/content/entity-registration for information on how to register.

Main Contact:

Secondary Contact:

Name, Title and Organization, Email Address, Phone (for both Main and Secondary Contact)

## Section 2: Project Overview

Project Deliverable:

**Note:** If “Seismic Risk Assessment and Mitigation Plan”, also complete Section 10 below to verify eligibility.

Project Name: \_\_\_\_\_

Opportunity / Problem (Attach Additional Pages if Necessary)

Proposal / Solution (Attach Additional Pages if Necessary)

## Section 3: Project Details

Detailed Planning Project Description (Attach additional pages if necessary.)

*Note: For "Seismic Risk Assessment and Mitigation Plan" project deliverable mark N/A and use Section 10 to describe the planning project.*

Project Activity Work Plan	Estimated Start Date	Estimated Completion Date

Estimated Planning Project Completion Date: \_\_\_\_\_

If you have questions on the timing of the program ask your Regional Development Officer for funding cycle information. Click here for contact information:

<https://www.oregon.gov/biz/aboutus/regions/Pages/default.aspx>

## Section 4: Project Budget (Maximum SIPP Award \$20,000)

*Important: All applications must include as an attachment a detailed cost estimate from an engineer or other professional. For the "Seismic Risk Assessment and Mitigation Plan" project deliverable, an itemized engineer's cost estimate for the full Water Master Plan which clearly describes the work to be accomplished, and which breaks out the cost of the Seismic portion, is required (Attachment A).*

Budget Prepared By:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

## Project Budget by Line-Item

Activity	SIPP Funds	Applicant Funds	Non-BizOR	Total
Planning				
Other:				
Other:				
<b>Total Project Costs</b>				

## Financing Sources

Source of Funds	Amount	Funding Status	Date Funds Committed or Expected
SIPP Funding (Max \$20,000)			
Applicant Funds			
Other Funds:			
Other Funds:			
Other Funds:			
Other Funds:			
<b>Total</b>			

\*For Other Non-Business Oregon Funds, attach Letters of Commitment (Attachment D)

## Section 5: Federal Reporting Metrics

- A. Select from the **list** below how, if applicable, this project will address the Water System's compliance with the Safe Drinking Water Act.  
Choose an item:
- B. If you answered "Assist Non-Compliant System to Achieve Compliance" to 5A above, select Compliance Type from the following options:  
Notice Date: \_\_\_\_\_  
Note: Attach a copy of compliance documentation as applicable (Attachment F)
- C. Compliance Category: Select all that apply.
- |         |  |                   |
|---------|--|-------------------|
| Arsenic | Total Coliform                         | Capacity          |
| Copper  | Disinfection & Disinfectant By-Product | Condition         |
| Lead    | Microbial Treatment                    | Consolidation     |
| Nitrate | Radionuclides                          | Residential Wells |
| Nitrite | State Regulations                      | Security          |
- D. Does this project have a disaster resilience component? Yes    No
- E. Does this project have a system consolidation component? Yes    No

**F. Federal Funding Accountability and Transparency Act (FFATA)**

- |  |     |    |
|--|-----|----|
| 1. Did your organization receive over 80% of their revenue from federal awards last year?    | Yes | No |
| 2. Did your organization receive over \$25 million in federal awards last year?              | Yes | No |
| 3. Does the public have access to executive compensation information via SEC or IRS reports? | Yes | No |

If yes to all three questions in the above (F), complete the table below.

	<b>Officer Name</b>	<b>Officer Compensation</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**Attach additional pages, if necessary.**

**Section 6: Applicant Financials**

- |    |   |     |        |
|----|---|-----|--------|
| A. | Is the Applicant currently or expected to be a party to any Intergovernmental Agreements related to the Project? (e.g., Intertie or consolidation with other water system, etc.) If yes, attach a copy (Attachment G) of the agreement(s).  | Yes | No     |
| B. | Does the Applicant request any information in this Application be excluded from public disclosure? If yes, describe: (Attach additional pages if necessary.)  | Yes | No     |
| C. | Has the Applicant ever defaulted on debt? If yes, explain: (Attach additional pages if necessary.)  | Yes | No     |
| D. | Is there any actual or pending litigation that could impair the Applicant's ability to repay debt? If yes, explain: (Attach additional pages if necessary.)   | Yes | No     |
| E. | Has the Applicant adopted a budget for the current fiscal year? If no, explain: (Attach additional pages if necessary.)   | Yes | No     |
| F. | Are the Applicant's audited financial reports for the 3 most recent fiscal years available on the Secretary of State website? If no, explain: (Attach additional pages if necessary.)   | N/A | Yes No |
| G. | For those applicants not required to submit financial reports to the Secretary of State, does alternate financial documentation (e.g., 3 years of tax returns, other budgetary or financial spreadsheets, et cetera) exist? If no, explain: (Attach additional pages if necessary.) | N/A | Yes No |

## Section 7: Water System Operations

- |    |   |     |    |
|----|---|-----|----|
| A. | Last significant capital improvement completed:   |     |    |
| B. | Will the results of this plan lead to future drinking water infrastructure project(s) and/or contribute to an existing project? If yes, describe: | Yes | No |
| C. | Does the water system have a current Water System Master Plan? If no, explain:  | Yes | No |
| D. | Will the Applicant operate and maintain the water system? If no, attach a copy of the operating agreement (Attachment H)                          | Yes | No |
| E. | Does the water system have a current Operations, Maintenance & Replacement (OM&R) manual or plan? If no, explain:                                 | Yes | No |
| F. | Does the water system use asset management tools as part of its operation, maintenance, and replacement planning? If yes, describe:               | Yes | No |
| G. | Does the water system have a meter(s) at the water supply source(s)? If no, explain:  | Yes | No |
| H. | Does the water system require meter installation on all service connections?  | Yes | No |
| I. | Does the water system have meters installed on all service connections?<br>If no, percent not metered: ____ %<br>If no, explain:                  | Yes | No |
| J. | Does the water system have an operations program to read and maintain the required source and service connection meter(s)? If no, explain:        | Yes | No |
| K. | Does the water system bill its customers based on water usage? If yes, attach a copy of the current rate schedule (Attachment B). If no, explain: | Yes | No |

L. Does the water system have a formal process for adopting water user rates? If yes, attach a copy of the most recently adopted rate resolution or ordinance (Attachment C). If no, explain: Yes      No

M. Describe how the public has been engaged in the development of the project:

### Section 8: Summary of Connections, Usage and Populations Served

User	Current Connections	Future (20 years) Projected	Current Annual Usage (in gallons)
Residential			
Commercial			
Industrial			
Other			
<b>Total</b>			

Number Served	All Residents	Permanent Residents	Connections
the System			
the Project			
<b>Total</b>			

### Section 9: Private Water Systems

*Note: Only complete this section if the water system is privately owned.*

A. Public Utility Commission (PUC) regulation level: Service      Rates      N/A

B. Type of business (Pick only one):

Association	Limited-Liability Corp	Partnership
Cooperative	Non-Profit Corporation	Sole-Proprietorship
For-Profit Corporation	Other	

If "Other", specify: \_\_\_\_\_

**Attach documentation detailing establishment of water system (Attachment I).**

- C. Date business filed / formed: \_\_\_\_\_
- D. Date present operations commenced: \_\_\_\_\_
- E. Are any legal actions pending against the water system or principals? Yes    No  
 If yes, provide details:

- F. Has the Applicant, or principals, formed a business which ceased to exist in less than two years from commencing operations, filed bankruptcy, or experienced foreclosure, repossession, debt judgment, or criminal penalty within the last seven years? Yes    No  
 If yes, provide details:

G. For each principal in the business provide the following:

Name	Title	Address	% Owned
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Total % Owned:

## Section 10: Seismic Risk Assessment and Mitigation Plan

*Note: Only complete this section if a "Seismic Risk Assessment and Mitigation Plan" project deliverable was selected in Section 2 above.*

### Funding Eligibility Determination

- A. Is the water system identified in this application undertaking a full Water Master Plan submittal? Yes    No
- B. Does the water system serve between 300 and 3,300 connections? Yes    No



- |    |   |     |    |
|----|---|-----|----|
| C. | Is the water system subject to the Seismic Risk Assessment and Mitigation Plan requirements for master plans under OAR 333-061-0060(5)(a)(J)?<br>This includes water systems fully or partially located in areas identified as <a href="#">VII to X, inclusive, for moderate to very heavy damage potential using the Map of Earthquake and Tsunami Damage Potential for a Simulated Magnitude 9 Cascadia Earthquake, Open File Report 0-13-06, Plate 7</a> published by the State of Oregon, Department of Geology and Mineral Industries. | Yes | No |
| D. | Would the proposed Seismic Risk Assessment and Mitigation Plan encompass a 50-year planning horizon?  | Yes | No |

If "No" is selected for any of the above questions, the water system is ineligible for *"Seismic Risk Assessment and Mitigation Plan" SIPP funding*. If "Yes" is selected for all the above questions, please continue to answer questions A-D below.

**Study Approach**

- A. Describe the approach that would be taken to identify critical facilities (i.e., critical water infrastructure) capable of supplying key community needs, including fire suppression, health and emergency response and community drinking water supply points. Describe any resulting work products (Attach additional pages if necessary).
  
- B. Describe the method by which the consequences of seismic failures for each critical facility would be identified and evaluated. Describe any resulting work products. (Attach additional pages if necessary).
  
- C. Describe how the findings from A. and B. above would be used to make recommendations to minimize water loss from each critical facility, capital improvements, or recommendation for further study or analysis. Describe any resulting work products. (Attach additional pages if necessary).
  
- D. Cost of Seismic Risk Assessment and Mitigation Plan portion of the Master Plan: \_\_\_\_\_

## Section 11: General Certification

I certify to the best of my knowledge that all information contained in this document and any attached supplements is valid and accurate. I further certify that to the best of my knowledge:

1. The application has been approved by the governing body or is otherwise being submitted using the governing body's lawful process, and
2. Signature authority is verified.

### Check one:

Yes, I am the highest elected official. (e.g., Mayor, Chair or President)

No, I am not the highest elected official, so I have attached documentation that verifies my authority to sign on behalf of the applicant. (Document such as charter, resolution, ordinance, or governing body meeting minutes must be attached.)

**Business Oregon will only accept applications with proper signature authority documentation (Attachment J).**

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Signature

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Date

---

Printed Name

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Printed Title

See Attachment list on following page.

## Section 12: Application Attachments

### Required Attachment

Attachment A: Cost Estimate from Engineer or Other Professional (Section 4)

*Note: Seismic SIPP must include engineer estimate for full WMP.*

### Optional Attachments

Attachment B: Current Rate Schedule (Section 7)

Attachment C: Most Recently Adopted Rate Resolution (Section 7)

Attachment D: Addition Planning Project Overview & Details (Sections 2, 3, 10)

Attachment E: Funding Letters of Commitment (Section 4)

Attachment F: Copy of Compliance Documentation (Section 5)

Attachment G: Intergovernmental Agreement (Section 6)

Attachment H: Operating Agreement (Section 7)

Attachment I: Document(s) Verifying Establishment of Private Water System (Section 9)

Attachment J: Signature Authority Documentation (Section 11)