

Michigan Department of Environment, Great Lakes, and Energy
Gretchen Whitmer, Governor
Liesl Eichler Clark, Director

<http://www.michigan.gov/EGLE>

Drinking Water Revolving Fund Project Plan Submittal

Name of the Project Phase 2 Well Field Development		Applicant's Federal Employer Identification Number (EIN) 38-6004541	
Legal Name of Applicant (The legal name of the applicant may be different than the name of the project. For example, a county may be the applicant for bonding purposes, while the project may be named for the particular village or township it serves.) City of Cadillac		Areas Served by this Project Counties <u>Wexford</u>	
Address of Applicant (Street, PO Box, City, State & Zip) 200 N. Lake Street Cadillac, MI 49601		Congressional Districts <u>4</u>	
		State Senate Districts <u>35</u>	
		State House Districts <u>102</u>	
Population Served by the Water Supplier _____			
If you are interested in an interim planning loan for the immediate reimbursement of project planning costs, check here <input type="checkbox"/> (An interim planning loan is available only to a municipality serving a population of less than 10,000.)			
Brief Description of the Project Construction of three new municipal water wells, well houses, new water department buildings, site improvements and water transmission mains.			
Disadvantaged Community Determination <input type="checkbox"/> The applicant is requesting a disadvantaged community determination, and a completed <i>Disadvantaged Community Status Determination Worksheet</i> is attached.			
Estimated Total Cost of the Project \$10,484,500		Construction Start Target Date September 2020	
Name and Title of Applicant's Authorized Representative Marcus Peccia, City Manager		Telephone 231-775-0181	E-mail Address mpeccia@cadillac-mi.net
Address of Authorized Representative if same as address above, check here <input checked="" type="checkbox"/>			
Signature of Authorized Representative			Date
State approval of the water supplier's Surface Water Intake Protection Program is attached (if applicable) check here <input type="checkbox"/>			
State approval of the water supplier's Wellhead Protection Program is attached (if applicable) check here <input type="checkbox"/>			
Joint Resolution of Project Plan Adoption/Authorized Representative Designation is attached check here <input type="checkbox"/>			

A final project plan, prepared and adopted in accordance with the Department's *Drinking Water Revolving Fund Program Project Plan Preparation Guidance*, must be submitted by May 1st in order for a proposed project to be considered for placement on Michigan's Project Priority List for the next fiscal year. Please send your final project plan with this form to:

WATER INFRASTRUCTURE FINANCING SECTION
FINANCE DIVISION
MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
P O BOX 30457
LANSING MI 48909-7957

SAMPLE RESOLUTION

**A RESOLUTION ADOPTING A FINAL PROJECT PLAN
FOR WATER SYSTEM IMPROVEMENTS AND
DESIGNATING AN AUTHORIZED PROJECT REPRESENTATIVE**

WHEREAS, the City of Cadillac (legal name of applicant) recognizes the need to make improvements to its existing water treatment and distribution system; and

WHEREAS, the City of Cadillac (legal name of applicant) authorized C2AE (name of consulting engineering firm) to prepare a Project Plan, which recommends the construction of Phase 2 Well Field Development; and

WHEREAS, said Project Plan was presented at a Public Hearing held on June 15, 2020 and all public comments have been considered and addressed;

NOW THEREFORE BE IT RESOLVED, that the City of Cadillac (legal name of applicant) formally adopts said Project Plan and agrees to implement the selected alternative (~~Alternative~~ _____).

BE IT FURTHER RESOLVED, that the City Manager (title of the designee's position), a position currently held by Marcus Peccia (name of the designee), is designated as the authorized representative for all activities associated with the project referenced above, including the submittal of said Project Plan as the first step in applying to the State of Michigan for a Drinking Water Revolving Fund Loan to assist in the implementation of the selected alternative.

Yeas:

Nays:

I certify that the above Resolution was adopted by _____ (the governing body of the applicant) on _____.

BY: _____
Name and Title (please print or type)

Signature

Date