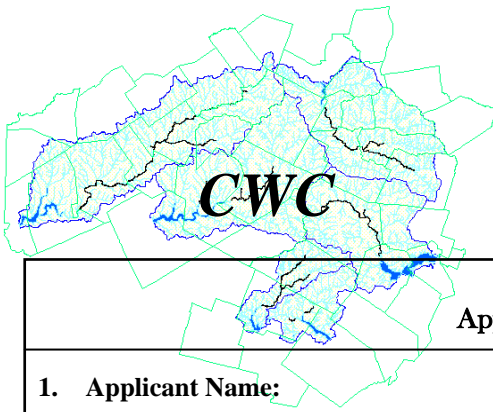


INSTRUCTIONS FOR COMPLETING THE Application to Request WOHFSC Program Funding

1. Fill in *name* of applicant requesting funding. (i.e. Dairy Co. Inc.)
2. Fill in *name, title, and phone number* of person CWC should contact regarding project funding. (i.e. Sam Smith, Plant Manager, (914)234-4444)
3. Fill in *mailing address* of the applicant identified in item 1.
4. Check the *one box* that most accurately describes the facility the stormwater project applies to.
5. Fill in the *location* of the stormwater project. (i.e., intersection of Routes 10 and 15, Town of Bovina)
6. Fill in either section a) or b). (i.e. (SPPP) Approval Date: 8/8/08 Permit # 980024)
7. Fill in *all applicable sections* for any funding requested and/or received from the New York City Department of Environmental Protection (NYCDEP) for the stormwater project.
8. Fill in any other source of funding either applied for, or received, for the stormwater project. (i.e. \$6,000 grant applied for and received from the Army Corps of Engineers)
9. Fill in the *total amount* requested from CWC for the stormwater project. (i.e. \$12,984.88)
10. Check the preferred *method of payment* for funds requested from CWC.
(see Section 5:00:07 of WOHFSC Program Rules for more information)
11. Check *yes or no*, depending on whether or not state/federal regulations required the stormwater plan. If yes, *briefly describe* the factors that required the plan.
(see Section 5:00:04:02 of WOHFSC Program Rules for more information)
12. Check *yes or no*, depending on whether or not the project construction disturbs more than one (1) acre of land surface.
13. Check *yes or no*, depending on whether or not the project involves any land purchase, transfer, or easement. If yes, *briefly describe*.
14. Check all enclosed attachments to the application.

Signature Section: *This section must be completed (signed and dated) in order to process the application.*

If you have any questions regarding the application or the WOHFSC Program, contact the Staff Engineer or Program Specialist at the CWC at 845-586-1400.



CWC PO Box 569
 Margaretville, NY 12455
 Telephone: (845) 586-1400
 Fax: (845) 586-1401

West of Hudson Future Stormwater Controls (WOHFSC) Program

Application to Request WOHFSC Program Funding

1. Applicant Name: _____

2. Contact Person: _____ Phone# () - _____

3. Applicant Address: _____

4. Project type (check one type that applies): One Family House Small Business ¹ Low Income Housing
 Other (describe): _____

¹ A small business is defined in the MOA as, resident in New York State, independently owned and operated, and employs one hundred (100) or less individuals. See section 5:00:03 of the Program Rules for more information.

5. Project Location: _____

6. a) NYCDEP Stormwater Pollution Prevention Plan (SPPP): Approval Date: _____ Permit# _____

or:

b) NYCDEP Individual Residential Stormwater Permit (IRSP): Approval Date: _____ Permit# _____

7. Project Funding Amounts Applied for, Approved, or Disapproved by NYCDEP (list all that apply):

a) Applied for: \$ _____ b) Approved: \$ _____ c) Disapproved: \$ _____

8. Other grants/funding applied for, or received for the stormwater project (list and describe): _____

9. Project Funding Amount Requested from CWC: \$ _____

10. Method of payment from CWC requested (see sec. 5:00:07:01 and 5:00:07:02 of Program Rules): Voucher Reimbursement

11. Is the project stormwater plan required by State and/or Federal Government? Yes No

(If yes, describe): _____

12. Does the project construction disturb more than one (1) acre of land surface? Yes No

13. Is any land purchase, transfer, or easement involved in the stormwater project? Yes No

(If yes, describe): _____

14. List of Enclosed Attachments (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> NYCDEP Design Approval | <input type="checkbox"/> SPPP/IRSP (including O&M plan) | <input type="checkbox"/> As-Built Drawings of Project |
| <input type="checkbox"/> CWC Construction Approval | <input type="checkbox"/> Design/Construction Invoices | <input type="checkbox"/> Proposed Project Budget |
| <input type="checkbox"/> Phase I ESA | <input type="checkbox"/> Proof of Payments (i.e. cancelled checks) | <input type="checkbox"/> Other (list and describe): _____ |

I declare and affirm under the penalties of perjury that this claim is in all things true and correct, that I am the owner of the project or the project owner's authorized agent, and that I or the project owner, have not received any other source of funding (other than described in sections 7&8 above) for the above referenced stormwater project. I also hereby certify that all work being invoiced is in accordance with NYCDEP approved plans for the eligible project costs, and if applicable, in accordance with the contract between CWC and the project sponsor.

 Print Claimant Name Claimant Signature Date

Released 7/10/98
 Revised 1/2009