

Sanitary/Storm Sewer Facilities Funding Application

Clean Water State Revolving Fund Program (CWSRF)
Consolidated Water Facilities Construction Program (CWFCP)

<p>Applicant: City of Dell Rapids Address: 317 E. 4th St. Dell Rapids, SD 57022</p> <p>Subapplicant: N/A</p> <p>Unique Entity ID: FNHNNUKZE8</p>	<p>Proposed Funding Package</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Requested Funding</td> <td style="text-align: right; border-bottom: 1px solid black;">\$3,492,000</td> </tr> <tr> <td style="text-align: right;">Local Cash</td> <td style="text-align: right; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="text-align: right;">Other:</td> <td style="text-align: right; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="text-align: right;">Other:</td> <td style="text-align: right; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="text-align: right;">Other:</td> <td style="text-align: right; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: right; border-bottom: 3px double black;">\$3,492,000</td> </tr> </table>	Requested Funding	\$3,492,000	Local Cash	_____	Other:	_____	Other:	_____	Other:	_____	TOTAL	\$3,492,000
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Project Title: Orleans Avenue Improvements

Description:

The proposed project is in the central portion of the community from 4th Street to just north of 6th Street and will include work on the intersecting side streets of 6th Street and 5th Street where drainage and utility improvements are needed. The City plans to replace all the old, vitrified clay sanitary sewer along Orleans Avenue and plans to replace/reroute sanitary sewer along 5th Street (east of Orleans) and on 6th Street. All active sanitary sewer services in the right-of-way will also be replaced with this project.

Sewer rate per 5,000 gallons of usage is \$75.72.

The Applicant Certifies That:

I declare and affirm under the penalties of perjury that this application has been examined by me and, to the best of my knowledge and belief, is in all things true and correct.

Thomas Earley, Mayor

Name & Title of Authorized Signatory
(Typed)


 Signature _____ Date **01/01/2025**