

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier (b) (4)
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> JAN 25 2016	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: City of Carlinville	Organizational Unit Department:
Organizational DUNS: (b) (4)	Division:
Address: Street: 550 N. Broad Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Tim
City: Carlinville	Middle Name
County: Macoupin	Last Name Fiasara
State: IL Zip Code 62626	Suffix:
Country: USA	Email: thasara@cityofcarlinville.com

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
(b) (4)

Phone Number (give area code) 217-854-4752	Fax Number (give area code) 217-854-4398
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**8. TYPE OF APPLICATION:**  
 New     Continuation     Revision  
 If Revision, enter appropriate letter(s) in box(es)  
 (See back of form for description of letters.)  
 Other (specify)

**7. TYPE OF APPLICANT: (See back of form for Application Types)**  
 C. Municipal  
 Other (specify)

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 10-780

TITLE (Name of Program):  
Water and Waste Disposal Systems for Rural Communities

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 City of Carlinville, portions of Macoupin, Jersey and Greene Counties

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Central Illinois Regional Water Supply - See attached project description

**13. PROPOSED PROJECT**

Start Date: February 2016	Ending Date: July 2016
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**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant  
City of Carlinville    b. Project  
Regional Water System

**15. ESTIMATED FUNDING:**

a. Federal Predevelopment Plan Grant	\$ 30,000 <sup>00</sup>
b. Applicant	\$ 10,000 <sup>00</sup>
c. State	\$ <sup>00</sup>
d. Local	\$ <sup>00</sup>
e. Other	\$ <sup>00</sup>
f. Program Income	\$ <sup>00</sup>
g. TOTAL	\$ 40,000 <sup>00</sup>

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
 a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:  
 b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
 Yes if "Yes" attach an explanation.     No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

**a. Authorized Representative**

Prefix Mrs.	First Name Deanna	Middle Name
Last Name Demuzio		Suffix
b. Title Mayor		c. Telephone Number (give area code) 217-854-4076
d. Signature of Authorized Representative		e. Date Signed 12-22-2015

Attachment for SF 424 Application Form, Item #11 (Descriptive Title of Applicant's Project):

A Preliminary Engineering Report to evaluate options to develop a viable water supply, treatment and transmission system to serve a Regional Water Commission in the Greene, Jersey and Macoupin Counties area of Central Illinois. The City of Carlinville is the lead entity until a water commission can be formed. Based on the collaboration with the City of Carlinville, City of Jerseyville, Jersey County Rural Water Company and Fosterburg Water District, the PER shall address a water system that will benefit the identified potential regional partners.