Water Infrastructure
FINANCING PROGRAMS

Clean Water
State Revolving Fund (CWSRF)

Fiscal Sustainability Plan Certification Form

(Pursuant to Section 603(d)(1)(E)(i) of the Federal Water Pollution Control Act)
(To be submitted prior to final disbursement of Participant's loan proceeds related to the project)

Applicant Name:		**Loan Number: RF1-**
Street Address		PO Box No.
City	State: VT	Zip Code

Section 603(d)(1)(E) of the Federal Water Pollution Control Act (FWPCA) requires a recipient of a loan for a project that involves the repair, replacement or expansion of a publically owned treatment works to develop and implement a Fiscal Sustainability Plan (FSP). The requirement pertains to those portions of the treatment works paid for with Clean Water SRF Loan Funds. The FSP must include the following minimum requirements as set forth in Section 603(d)(1)(E)(i):

- an inventory of critical assets that are a part of the treatment works;
- an evaluation of the condition and performance of inventoried assets or asset groupings;
- a certification that the recipient has evaluated and will be implementing water and energy conservation efforts as part of the plan; and
- a plan for maintaining, repairing, and as necessary, replacing the treatment works and a plan for funding such activities; or per Section 603(d)(1)(E)(ii) certify that the recipient has developed and implemented a plan that meets the requirements above.

I certify that I am an authorized representative for the above listed Applicant. I hereby certify pursuant to Section 603(d)(1)(E)(i) that the Applicant has developed an FSP that meets the above minimum requirements and the FSP is being implemented and will be updated as necessary. I further certify that the Applicant has evaluated and will be implementing water and energy conservation efforts as part of the FSP. Upon the request of the Environmental Protection Agency (EPA) or the Vermont Clean Water State Revolving Fund Loan Program (SRF), the Applicant agrees to make the FSP available for inspection and/or review.

Signature of Authorized Representative	Date
Printed Name	Phone Number