

RHODE ISLAND DEPARTMENT OF HEALTH
Office of Drinking Water Quality
Application for the Project Priority List

Water System Name: _____

System Ownership (circle one) Public Private Private non-profit

Contact Person: _____ Phone: _____

*Average Annual Residential Water Bill: _____ *Service Area MHI: _____

Project Name/Number: _____

Anticipated Start Date: _____ Anticipated Completion Date: _____

Total Costs: _____

Project Description: _____

Reason for Project: _____

Public Health Benefits of Projects: _____

* The average annual residential water bill is based on 70,000 gallons of water per year. The Medial Household Income (MHI) for service areas that cross municipal boundaries is the weighted average based on the number of services of each community. Supporting documentation must be provided with the application.

DOH USE ONLY		
<u>Project Ranking Criteria Summary</u>	<u>Points</u>	Reviewer's Initials: _____
A. Health Risk and Compliance	_____	Date: _____
B. Economic Factors	_____	
C. Capacity Development	_____	Comments:
D. Special Incentives	_____	
E. System Type	_____	
F. Town where water system is located has a State approved Affordable Housing Plan	_____	
Total Points	_____	