State of Wisconsin
Department of Natural Resources
Bureau of Community Financial Assistance - CF/2
101 S. Webster St., PO Box 7921
Madison WI 53707-7921
Phone (608) 266-7555, Fax (608) 267-0496
dnr.wi.gov

Environmental Improvement Fund (EIF)

Intent To Apply (ITA) / Priority Evaluation & Ranking Formula (PERF) **On-Line Submittal Authorization Certificate State Fiscal Year (SFY) 2018 Only**

(R 04/16)

On-Line ITAs/PERFs may only be submitted by either an authorized municipal representative or the designated, authorized consulting engineer.

Note: Submittal to the Department of a completed On-Line Submittal Authorization Certificate is mandatory for any municipality that chooses to have their consulting engineer submit online the SFY 2018 ITA/PERF and supporting documents, on the municipality's behalf. If this certificate is not sent to the Department then the consulting engineer will be unable to submit the ITA/PERF online even though the consultant could still prepare the ITA/PERF by having access to the ITA/PERF on-line submittal system.

Note: This certificate is not necessary if someone from the municipality submits the ITA/PERF. The Department encourages municipalities to have appropriate municipal staff obtain WAMS IDs and DNR Switchboard access in a timely manner (no later than Friday, October 21, 2016) and have authorized municipal staff submit the ITAs/PERFs online for themselves (no later than Monday, October 31, 2016).

Notice: This certificate is authorized by ss. 281.58 and 281.61, Wis. Stats. Personally identifiable information provided on this certificate may be made available upon request under Wisconsin's Open Records laws (ss. 19.32-19.39, Wis. Stats.) and requirements.

Select the program(s) to be authorized; you may select one or both programs:

☐ Clean Water Fund Program (CWFP) ☐ Safe Drinking Water Loan Program (SDWLP)

Applicant Information	Consulting Engineer Information
Municipality Name	Engineering Firm
Main Municipal Contact (Someone familiar with the project and available on a daily basis.)	Name of Engineering Firm Representative
Title	Title
Street Address	Street Address
City, State, and Zip Code +4	City, State, and Zip Code +4
Phone Number (include area code)	Phone Number (include area code)
Email Address	Email Address

Municipal Certification

I am the authorized municipal representative of above-named municipality, and I hereby certify, on their behalf, the above-named consultant/consulting firm is designated and authorized to submit online the SFY 2018 ITA/PERF and supporting documents, and that they are further authorized and empowered to do all necessary things and take all necessary steps in connection with said on-line submittal.

Authorized Municipal Representative Name (Print) **Title** (Print)

Signature of Authorized Municipal Representative **Date Signed**