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| --- | --- | --- | --- |
| **Name of Entity:** |  | **PWS ID No.:** | TX |

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| If this project **HAS NOT** received a funding commitment, provide the associated Project Information Form number(s) (PIF #) for this update. |  |
| If the project **HAS** received a funding commitment, provide the associated five-digit Project number for this update. |  |

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| **Section 6. RATING CRITERIA FOR ALL PROJECTS – EFFECTIVE MANAGEMENT** | | | | | | | | | |
| **Note:** Information that is not submitted as requested will not be considered. | | | | | | | | | |
| **A.** | | **Asset Management** | | | | **Yes** | | | **No** |
|  | | **1.** | **a.** In the past 5 years has an asset management plan been adopted by the entity’s governing body that incorporates an inventory of all assets, an assessment of the criticality and condition of the assets, a prioritization of capital projects needed, and a budget?  ***Note****: Asset management plans must have been adopted within a 5-year period (60 months) prior to the date TWDB receives this PIF.*  If **“Yes,”** attach 1) the cover page and table of contents of the entity’s adopted or approved asset management plan and 2) the highlighted pages from the plan that clearly identify each of the above referenced elements.  ***Note:*** *A Capital Improvement Plan (CIP) alone does not constitute an asset management plan.* | | |  | | |  |
|  | |  | **b.** If **“No”** to Question A.1.a., is the entity planning to prepare an asset management plan as part of the proposed project? If so, include language in the Project Description (Section 4) that states this. | | |  | | |  |
|  | | Assistance with establishing an asset management plan is offered through TCEQ’s Financial, Managerial, and Technical (FMT) contract. Contact TCEQ, at 512-239-4691 or [fmt@tceq.texas.gov](mailto:fmt@tceq.texas.gov) to schedule a meeting. | | | | | | | |
|  | | **2.** | Has asset management training been administered to the entity’s governing body and employees?  If **“Yes,”** attach the following information for each trainee: name, title/position, date of training, course name, and name of organization that conducted the training. | | |  | | |  |
| **B.** | | **Water Conservation** | | | | **Yes** | | | **No** |
|  | | Does the proposed project address specific targets, goals, or measures in a water conservation or drought contingency plan that has been adopted by the entity’s governing body within the past five years?  ***Note****: Plans must have been adopted within a 5-year period (60 months) prior to the date TWDB receives this PIF* | | | |  | | |  |
|  | | If **“Yes,”** 1) list the targets, goals, or measures to be supported; 2) describe how they will be addressed by the proposed project; | |  | | | | | |
|  | | AND 3) attach the cover page, table of contents, and highlighted pages from the plan that clearly identify the project-related targets, goals, or measures.   * For questions regarding water conservation plans, contact [wcpteam@twdb.texas.gov](mailto:wcpteam@twdb.texas.gov) or 512-463-7988, or visit the Municipal Water Conservation Plans web page at [www.twdb.texas.gov/conservation/municipal/plans/index.asp](http://www.twdb.texas.gov/conservation/municipal/plans/index.asp). * Information on drought contingency planning can be found online at <https://www.tceq.texas.gov/permitting/water_rights/wr_technical-resources/contingency.html>. * ***Note****: Entities seeking financial assistance in excess of $500,000 must submit a water conservation plan during the application phase*. | | | | | | | |
| **C.** | | **Reclaimed Water** | | | | **Yes** | | | **No** |
|  | | Does the proposed project involve the use of reclaimed water? | | | |  | | |  |
|  | | If **“Yes,”** describe how: | |  | | | | | |
| **D.** | | **Energy Efficiency** | | | | | **Yes** | | **No** |
|  | | Does the proposed project address a specific goal(s) in a system-wide or plant-wide energy assessment, audit, or optimization study that has been conducted within the past three years?  If **“Yes,”** attach the highlighted pages from the energy assessment, audit, or optimization study that clearly identify the goals to be addressed by the project. | | | | |  | |  |
| **Section 6 (Continued). RATING CRITERIA FOR ALL PROJECTS – EFFECTIVE MANAGEMENT** | | | | | | | | | | | |
| **E.** | | **Implementation of Water Plans** | | | | **Yes** | | | **No** | | |
|  | | Does the proposed project implement elements contained in a state or regional water plan, watershed protection plan, integrated water resource management plan, regional facility plan, regionalization or consolidation plan, finalized Economically Distressed Areas Program (EDAP) facility plan, or a total maximum daily loads (TMDL) implementation plan? | | | |  | | |  | | |
|  | | If **“Yes,”** 1) list the plan name and sponsor; 2) list the elements of the plan to be implemented; | | | |  | | | | | |
|  | | AND 3) attach the cover page, table of contents, and highlighted pages featuring the relevant information from the plan that clearly identifies the element(s) to be implemented. | | | | | | | | | |