

General Information

Santa Fe, City of

P O Box 909 Santa Fe, NM 87504-0909

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City of Santa Fe Sewer Rehabilitation Project

Water Project Fund 2026 Application

Wastewater Collection, Conveyance, and Treatment Project

Funding Request Amount: 2,550,000.00

PART I. GENERAL APPLICANT AND PROJECT INFORMATION

A. APPLICANT INFORMATION

Full Legal Name of Entity: Santa Fe Public Utilities Department

Mailing Address: PO Box 909

Street Address: 801 W. San Mateo

City: Santa Fe

Zip Code: 87504-0909

County: Santa Fe

Phone: 505-955-4333

Email Address: cedickens@santafenm.gov

B. SERVICE AREA OF APPLICANT

Communities in Applicant's Service Area: Santa Fe

Counties in Applicant's Service Area: Santa Fe

NM House District(s): 48

NM Senate District(s): 25

Map of Service Area: Current File: WTB-ServiceArea_Map

Has Applicant recently completed a Median Household Income (MHI) survey that the Applicant believes more accurately reflects the MHI of the Applicant's service area?

Yes or No: No

If Yes, please describe below the methodology used and attach a copy of the survey results.

Methodology:

Attachment: Current File: None

Census Tract(s) of Applicant's Service Area or, if applicable, name of Census Designated Place:

NA

C. PROJECT LOCATION:

Street Address: Santa Fe - City-wide Project

City: Santa Fe

Zip: 87504

Communities served by the Project: Santa Fe

County or Counties where Project is located:

Map of Project Area: Current File: WTB-MapOfProjectArea

D. APPLICANT CONTACTS

PRIMARY CONTACT

Name: Carl Dickens
Title: Project Manager
Address: 801 W. San Mateo
City: Santa Fe
Zip Code: 87505
Phone: 505-577-3708
Email Address: cedickens@santafenm.gov

SECONDARY CONTACT

Name: Mike Dozier
Title: Waste Water Division Director
Address: 801 W. San Mateo
City: Santa Fe
Zip Code: 87505
Phone: 505-955-4642
Email Address: mldozier@santafenm.gov

CONSULTING ENGINEER

Name:

Title:

Firm:
Address:
City:
Zip Code:
Phone:
Email Address:

LEGAL COUNSEL CONTACT

Name: Marcos Martinez
Firm: City of Santa Fe
Address: 200 Lincoln Ave
City: Santa Fe
Zip Code: 87501
Phone: 505-955-6502
Email Address: mdmartinez@santafenm.gov

OTHER CONTACT

Name:
Title:
Firm:
Address:
City:
Zip Code:
Phone:
Email Address:

PART II. PROJECT SUMMARY

1. Project Scope. Provide a **brief statement** of the project. State: 1) the requested Scope of funding as Plan, Design, and/or Construction, and 2) the overall goal of project. (Example: "Plan, design, and construct Main St water transmission lines.")

Note: Response is limited to 200 Characters.

The overall goal of the project is to replace aging sewer lines throughout the City of Santa Fe.

2. Project Description. Regarding *only the Scope for which funding is being requested*:

a. Provide a detailed description of the project.

The City of Santa has numerous areas requiring the replacement of old and aging sewer lines. This project is designed to prevent any major sewer incidents.

b. Explain why the project is necessary.

The project is necessary to ensure that there are no sewer line failures that could potentially lead to environmental damage and human health issues.

c. Describe the overall degree of benefit from the project.

The benefit is simple and straightforward, properly functioning sewer lines carrying waste to a treatment plant is a vital component to the city of Santa Fe and its residents.

3. Project Selection.

a. Describe how the project area or alternative was selected.

Sewer lines run throughout the City of Santa Fe, there are no alternative to the location of the project, it is city-wide.

b. If this is a second or subsequent phase of a project, describe the extent to which experience from the previous phases of the project altered the planning or implementation of the requested phase.

There will be several phases to the sewer line replacement project. It is a consistent ongoing process and is not altered by previous line replacement projects.

4. Project Continuation. (Phase of a previously funded WTB Project.) If this is a phase of a larger project, have any previous phases of the larger project been awarded by the Water Trust Board?

Yes or No: No

If yes, provide the WTB Project Number(s):

If yes, please describe below whether previous phase(s) met or is meeting the project goals and objectives.

5. If funded, would this phase complete the larger project?

Yes or No: No

If no, briefly explain why:

Replacing the miles of City sewer lines is a long-term and ongoing project. consisting of many phases.

6. Human Health and Safety. Describe how the project addresses human health and safety needs of the community.

Properly functioning sewer lines are essential elements for the health and safety of residents of the City of Santa Fe.

7. Is this project listed on the community's current Infrastructure Capital Improvement Plan (ICIP)?

Yes or No: Yes

If yes, provide the Priority Number and Date of Prioritization.

ICIP Priority No. #068

Date of Prioritization: 06/11/2025

8. Community Support.

a. List all of the partners involved in this project and outline the responsibilities for each partner.

The partners involved in the project are the residents of Santa Fe who are dependent on the sewer lines for waste removal

dependent on the sewer lines for waste removal.

b. Describe how the surrounding communities are involved.

Surrounding communities are not involved with City sewer lines..

c. Identify the regional collaboration, including how stakeholders participate both financially and programmatically.

NA

Optional: Attach letters of support from project partners, including Federal, Tribal, State, Non-Governmental Organizations and private interests, as applicable.

Attachment (combine multiple letters into one attachment): Current File: None

PART III. PROJECT DETAIL

1. Required Planning Document. Section II 3.2 of the WTB Project Management Policies requires Applicants to submit a Planning Document as part of the Project Application.

When was the planning document completed?

08/13/2025

Which regulatory or funding agency(ies) approved the Planning Document, if any?

N/A

Date of last cost updates, if any:

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Title of Planning Document:

On-Call Collection System Construction Contract

Name of Firm that prepared the Planning Document:

SKE Contractors, LLC

Name of primary Planning Document preparer:

N/A

Please upload Planning Document here. If necessary, break and attach document into parts (additional Attachment blocks are also provided at end of application).

Planning Document Attachment 1

Current File: WTB-PlanningDocument-Attachment1

Planning Document-Attachment 2

Current File: None

Planning Document Attachment 3

Current File: None

Planning Document Attachment 4

Current File: None

2. Design only projects. Is the funding sought for design only? If so, you may qualify for 100% grant with the following conditions:

- The project serves or will serve fewer than 500 connections.
- The scope is limited to design only; "design" is defined as necessary technical work required to prepare a complete and final set of plans and specifications ready to be bid.
- The costs for the design must be substantiated with the coordinating planning document(s).
- Grants for design may not exceed \$500,000.

No

3. Project Funding. Please download the Project Funding spreadsheet at the top of the page, provide total estimated project costs under the appropriate Funding Sources, save it to your local computer and then upload it as a spreadsheet here:

(Attach in spreadsheet format only.)

Current File: WTB-ProjectFunding_Attachment

4. Source and Status of Matching Funds. Identify the sources, terms and status of all local, State and Federal Funds identified for this project, and attach documentation substantiating the match.

NOTE: *If no documentation/evidence of match is provided, match cannot be verified.*

Source (Name of Federal Funding Agency):

Amount: 0.00

Type (Loan, Grant, or Loan/Grant):

Term (# of years):

Status (Application Pending, Approved, or Secured):

Attach evidence of federal funds here: Current File: None

Source (Name of State Funding Agency):

Amount: 0.00

Type (Loan, Grant, or Loan/Grant):

Term (# of years):

Status (Application Pending, Approved, or Secured):

Attach evidence of state funds here: Current File: None

Source (Local): Wastewater Enterprise Funds

Amount: 0.00

Type (Bond Proceeds, Accumulated Reserves, or Other Budgeted Funds):

Term (# of years):

Status (Application Pending, Approved, or Secured):

Attach evidence of local funds here: Current File: WTB-SourceOfMatchingFundsStatus-Local-Attach

5. Project Readiness.

- Have construction plans and specifications been completed?

Yes or No: No

If yes, please provide the date of completion:

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- If plans and specifications have not been completed, provide estimated date of completion

• If plans and specifications have not been completed, provide estimated date of completion.

Completion date: 08/13/2029

• Have engineering services been procured?

Yes or No: No

6. Permits/Licenses/Authorizations. Download Permits Detail spreadsheet at the top of the page, provide the status of each required permit, certification, license or authorization required to complete the project and the time frame for completion. Save the spreadsheet to your local drive, then upload it as an attachment here:

Current File: WTB-PermitsLicenses_Attachment

7. Assuming funds are approved in July 2026, would this project be able to be completed by June 2028?

Yes or No: Yes

If no, what is the estimated time of completion?

Date: //

PART IV. EXPECTED PROJECT BENEFITS

1. Regionalization. The evaluation criteria provides up to 10 points for projects that demonstrate regional impacts. Maximum points are given to projects that incorporate greater than 80% of the population within a five-mile radius.

a. Describe the direct and indirect impacts of the project, including benefits to the region.

The direct benefit is ensuring that waste is efficiently and effectively carried to the City's treatment facility. The is no indirect benefit.

b. What is the percentage of population served by the project? 100.000000

c. Describe the extent to which the project increases efficiencies through collaboration.

There is collaboration required in replacing sewer lines. It is a simple and straightforward process based on the need to replace lines.

d. Does the project replace individual well-septic systems? No

Explain: NA

e. Describe collaboration efforts to date and the results of the collaboration.

NA

Please cite the Planning Document and its page numbers or sections that substantiate your statements above.

NA

2. Health and Safety. The evaluation criteria provides up to 30 points for projects that address human health and safety. Maximum points are given to projects that specifically address imminent or existing threats to human health and safety due to water borne disease and Safe Drinking Water Act violations.

a. Describe the purpose of the project as it relates to health and safety, including any expected health and safety impacts.

Properly functioning sewer lines are a keystone need for any and all municipalities.

b. Do the health and safety conditions to be addressed currently exist? Explain.

Yes. Every metropolitan area needs to properly dispose of waste.

c. What is the extent of expected health and safety impacts if the project were not to proceed? Describe any resulting threats to human health and safety.

Broken and poorly functioning sewer lines would create serious and immediate health issues including disease transmission.

Please cite the Planning Document and its page numbers or sections that substantiate your statements above.

N/A

3. Plan and Design. The evaluation criteria provides up to 10 points for projects that demonstrate a well-designed selection, design and implementation of infrastructure improvements. Maximum points are given to projects that incorporate water saving technologies into a well-designed project.

a. Describe the status of the project's design and note if the concept is substantively complete.

N/A

b. Describe the methodology used to measure the project's expected outcome, planned objectives and other benchmarks for measuring project results and describe how they have been incorporated into the project design.

Project Manager and Public Utilities staff oversight.

Please cite the Planning Document and its page numbers or sections that substantiate your statements above.

N/A

4. Emergency. The evaluation criteria provides up to 25 points for projects that address imminent or existing catastrophic conditions related to water quality or quantity. Maximum points are given to projects that cure severe violations of water quality.

a. Describe how the expected impacts of the project address imminent or existing catastrophic conditions related to water quality improvements.

Broken or leaking sewer lines could lead to groundwater contamination impacting the City's production wells.

b. Do the emergency conditions to be addressed currently exist? Explain.

Yes

c. What is the extent of expected impacts if the project were not to proceed? Describe any resulting threats to human health and safety from imminent or existing catastrophic conditions related to water quality improvements.

Broken or leaking sewer lines causing serious immediate and long-term health issues would be the result of the project not proceeding.

Please cite the Planning Document and its page numbers or sections that substantiate your statements above.

N/A

PART V. REGULATORY COMPLIANCE

In preparation for the Readiness Application, regulatory agencies will certify the applicant's compliance with all relevant regulations.

PART VI. ATTACHMENTS

A. Required

- Resolution by the governing body authorizing the submission of an application to the Water Trust Board.

Current File: WTB-RequiredAttachment_ResolutionAttach

- Copy of organizational documents for non-governmental entities, including current Articles of Incorporation, Bylaws, etc.

Current File: WTB-RequiredAttachment_IncorporationAttach

B. Additional Documents (optional)

Attach below any additional information you believe would be helpful to evaluating your project.

1. Document description: Waiver Request

Attachment: Current File: WTB-AdditionalDocument1-Attach

2. Document description:

Attachment: Current File: None

3. Document description:

Attachment: Current File: None

4. Document description:

Attachment: Current File: None

PART VII. APPLICANT CERTIFICATION

Please download the Applicant Certification document at the top of the page, sign and save it to your computer, then upload it to the application here:

Attachment: Current File: WTB-ApplicantCertification_Attach