|  |
| --- |
| **To be considered for the upcoming SFY2025 Intended Use Plan (IUP), you must submit your Project Information Form (PIF) by 5:00 pm on April 4, 2025.** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **All eligible DWSRF projects are eligible under this program, however, the primary purpose of the project must address an emerging contaminant issue.** Emerging contaminants eligible under this category include perfluoroalkyl and polyfluoroalkyl substances (PFAS), any contaminant listed on the [EPA’s Contaminant Candidate Lists](https://www.epa.gov/ccl) , or any other contaminant for which the EPA has not promulgated a National Primary Drinking Water Regulation. Eligible DWSRF project types may be found in the draft IUP. | | | | | | | |
| **Section 1. GENERAL INFORMATION** | | | | | | |
| **Please Indicate the State Fiscal Year (SFY) for this PIF:** | | | **For SFY 2025 IUP** | | |  |
| **How did you find out about this funding program?** | | | Referral by Consultant   Referral by Peer    TWDB Outreach Event   Internet Search    Other (Please specify) \_ | | | |
| **Name of Entity**  (City, Town, County, District, PWS, WSC, etc.) | | | **County** | | | |
|  | | |  | | | |
| **Public Water System (PWS) ID No.** | | | **Certificate of Convenience & Necessity (CCN) No.** | | | |
| TX | | |  | | | |
| **Name of Project**  (Provide a brief name for this project.) | | | **Proposed Total Project Costs**  (Section 7, Line P.) | | | |
|  | | |  | | | |
| **Entity Contact Information** | | | **Engineering Firm Contact Information** | | | |
|  | | | **Name of Firm** |  | | |
| **Contact Person** |  | | **Contact Person** |  | | |
| **Title & Department** |  | | **Title & Department** |  | | |
| **Mailing Address** |  | | **Mailing Address** |  | | |
| **Phone Number** |  | | **Phone Number** |  | | |
| **Email Address** |  | | **Email Address** |  | | |
| **Entities must be registered in SAM.gov to receive State Revolving Fund financial assistance. Provide the 12-character alphanumeric SAM.gov number.** | | |  | | | |
|  | | | | | | |
| **Section 2. SERVICE AREA INFORMATION** | | | | | | |
| **Attach and submit a map of the entity’s current and, if applicable, proposed service area. The map of the service area must be overlaid by a map of the census boundaries in the service area.** | | | | | | |
| To determine population served indicate the number of people who reside within the service area of, or receive wholesale or retail water service from, the entity based on the most recent [American Community Survey (ACS) 5-year Estimates](https://data.census.gov/cedsci/?q=&g=) or the most recent ACS 5-year data found in [Census Data Search (WRD-284)](https://www.twdb.texas.gov/financial/instructions/doc/WRD-284.pdf). | | | | | | |
| For an **unincorporated area** (e.g., a county, district, river authority, system, or corporation) provide a table that 1) identifies the number of household connections within each census track or block group that covers the entity’s service area and 2) prorates the population accordingly. See example table in [Census Data Search (WRD-284)](https://www.twdb.texas.gov/financial/instructions/doc/WRD-284.pdf). | | | | | | |
| **Population Served** | |  | **Total Household Connections** | |  | |

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

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| **Section 3. PROJECT DESCRIPTION** |
| **Proposed Project Description**  In the space below, briefly describe the proposed project and specify whether the project components are preventative or will address an identified occurrence of the contaminant(s). Add additional sheets as necessary. |
|  |
| **List of Emerging Contaminants to be Addressed by Project**  What contaminants are intended to be addressed through the proposed project and how? Add additional sheets as needed. |
|  |

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| **Section 4. EMERGING CONTAMINANT RATING CRITERIA** | | | |
| **Treatment of PFAS**  Will a majority of the funds being requested from the DWSRF-ECP be used to address a perfluoroalkyl or polyfluoroalkyl substance contamination? If yes, please explain. | **Yes** | | **No** |
|  | |  |
|  | | | |
| **Current Presence of Emerging Contaminants**  Is there current evidence that emerging contaminants exist where the proposed project is intended to improve drinking water quality? If yes, please list the contaminants and the evidence of their presence (i.e., lab reports showing detected concentrations). Attach a copy of the evidence with this submittal. | **Yes** | | **No** |
|  | |  |
|  | | | |
| **First Time Service**  Will this project provide first-time service to connections currently un-served by a public water system that has found emerging contaminants in their current water source? If yes, please provide the number of first-time connections to be served by the project below. | | **Yes** | **No** |
|  |  |
|  | | | |
| **Consolidation**  Will this project facilitate consolidation of one or more water systems that have identified a presence of emerging contaminants into another water system that does not have emerging contaminants present or has removal capability? If yes, please list the systems that will be consolidated below. | **Yes** | | **No** |
|  | |  |
|  | | | |
| **Section 4. EMERGING CONTAMINANT RATING CRITERIA (CONTINUED)** | | | |
| **Source of Water**  Will this project provide treatment for an existing source of water? (Provide any additional information in the space below, as needed.) | **Yes** | | **No** |
|  | |  |
| Will this project provide an alternative source of water that has been found to have no emerging contaminants or PFAS contamination, or less contamination than the existing/current source of water? (Provide any additional information in the space below, as needed.) |  | |  |
| If a new source water is proposed, does the system already have water rights? (Provide any additional information in the space below, as needed.) |  | |  |
|  | | | |

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| **Section 5. READINESS TO PROCEED TO CONSTRUCTION** | | | | |
| 1. **Permitting** | | | **Yes** | **No** |
| Have all applicable permitting aspects of the project, including acquisition of water rights and/or Certificate of Convenience and Necessity (CCN), or TCEQ approval and completion of pilot studies been achieved?   * If **“Yes,”** please provide the permit name(s) * If **“No,”** identify in the space below each federal, state, or local permit, license or other authorizations needed for the project and the status of each. | | |  |  |
|  | | | | |
| **B. Land Acquisition** | | | **Yes** | **No** |
| Have all land acquisitions and easements necessary to complete the project been obtained? | | |  |  |
| If **“No,”** please explain in the space below and provide an anticipated completion date. | | **Completion Date** (mm/dd/yyyy) | | |
|  | | | | |
| **C. Design** | | | **Yes** | **No** |
| 1. Have you completed the design process including full development of plans and specifications? (If **“No,”** proceed to Question 2. If **“Yes,”** proceed to Question 4.) | | |  |  |
| **2**. Has design work **progressed beyond preliminary design**? If so, please provide the completion date. Completed preliminary design documents must consist of the following:   * Design criteria, preliminary drawings, outline of specifications, written descriptions of the project, and updated opinion of probable cost. * Project Sites are plotted on site maps, the site has been surveyed, geotechnical analysis of the site is complete, facility sizing is complete, and process schematics are complete. | | |  |  |
| * For rehab projects, the above is complete, meaning the details as to what linework portions and what plant components to be rehabbed are well defined. | **Completion Date** (mm/dd/yyyy) | | | |
| **3**. Will design work be initiated after the TWDB releases design funds for this project? | | |  |  |
| **4**. For membrane plants, Surface Water Treatment Plant (SWTP), water wells, treatment changes, or intake structures, has TCEQ approved plans and specs? | | |  |  |
| N/A | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 5. READINESS TO PROCEED TO CONSTRUCTION (CONTINUED0** | | | | | | | |
| **D. Environmental Review** | | | | | | **Yes** | **No** |
| Only answer “Yes” to **ONE** of the following four questions: | 1. Have you received a Finding of No Significant Impact (FNSI), Categorical Exclusion (CE), a Record of Decision (ROD), or an environmental determination prepared by another entity in compliance with the National Environmental Policy Act (NEPA) for this project? For projects that may qualify for a FNSI, please review [31 TAC §371.44](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=31&pt=10&ch=371&rl=44); or that require a CE, review [31 TAC §371.43](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=31&pt=10&ch=371&rl=43); or that require a ROD, review [31 TAC §371.49](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=31&pt=10&ch=371&rl=49); or that have a determination by another entity, review [31 TAC §371.51](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=31&pt=10&ch=371&rl=51). | | | | |  |  |
| If “**Yes**,” provide Issuer (Agency) and date of issuance(s): | | **Issuer** | | **Date of Issuance** (mm/dd/yyyy) | | |
| 1. If an environmental finding has not been issued, does your project meet the criteria to receive Categorical Exclusion as defined at [31 TAC §371.42](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=31&pt=10&ch=371&rl=42)? | | | | |  |  |
| 1. Can you submit an environmental report with the completed loan application that documents coordination with agencies has proceeded sufficiently to determine that no major issues remain? | | | | |  |  |
| 1. Will the environmental review be initiated after the TWDB releases planning funds for this project? | | | | |  |  |
| **E. Construction Phase** (Estimated start date for first contract and estimated completion date for last contract) | | **Start Date** (mm/dd/yyyy) | | **Completion Date** (mm/dd/yyyy) | | | |
| **F. Project Bidding and Contracts** | | | | | | **Yes** | **No** |
| Will the proposed project be ready to advertise for construction bids immediately following a funding commitment for construction costs? | | | | | |  |  |
| If you are seeking reimbursement for eligible planning and/or design costs, was the work performed in compliance with applicable state law and federal crosscutters, including procurement following Disadvantaged Business Enterprise (DBE) requirements? For more information on DBE, please visit <http://www.twdb.texas.gov/financial/programs/DBE/index.asp>. | | | | | |  |  |
| N/A | |
| How many months will it take to close the loan after receiving a funding commitment? Projects deemed ready to proceed with construction must be able to expend funds quickly after receiving a funding commitment. | | | | | | Months | |

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| **Section 6. REFINANCING** | | |
| DWSRF-ECP funds may be used to refinance projects that have been completed utilizing other funding sources outside of the TWDB. | | |
| Will DWSRF-ECP funds be used to refinance existing debt related to this project and received from a source other than the TWDB? | **Yes** | **No** |
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| **Section 7. ESTIMATED COSTS** | | | | | | | | |
| **Cost Category** | | | **(a) Planning** | **(b) Acquisition** | **(c) Design** | **(d) Construction** | | **(e) Total**  (a)+(b)+(c)+(d) |
| **Check the phase(s) for which DWSRF finding is desired** | | |  |  |  |  | |  |
| **A.** | | Treatment |  |  |  |  | |  |
| **B.** | | Transmission and Distribution |  |  |  |  | |  |
| **C.** | | Source |  |  |  |  | |  |
| **D.** | | Storage |  |  |  |  | |  |
| **E.** | | Purchase of System |  |  |  |  | |  |
| **F.** | | Restructuring |  |  |  |  | |  |
| **G.** | | Land Acquisition |  |  |  |  | |  |
| **H.** | | Source Water Protection |  |  |  |  | |  |
| **I.** | | Engineering |  |  |  |  | |  |
| **J.** | | General, Legal, Financial |  |  |  |  | |  |
| **K.** | | Contingency |  |  |  |  | |  |
| **L.** | | Other (Describe cost) |  |  |  |  | |  |
|  |
| **M.** | | Subtotal (Add Lines A-L) |  |  |  |  | |  |
|  | |  |  |  |  |  | |  |
| **N.** | | Financing from Local Funds |  |  |  |  | |  |
| **O.** | | Financing from Other Sources |  |  |  |  | |  |
| **P.** | | Subtotal, SRF-Funded Amount (Subtract Lines N and O from Line M) |  |  |  |  | |  |
| **Note: A loan origination fee will be applied to any committed loan amount.** | | | | | | | | |
| **Q.** | **Financial Readiness. Up to date financial audits are required for funding to be awarded.** | | | | | | | | |
| **Q.1** Are financial audits up to date? | | | | | | Select. | | |
| **Q.2** Enter the year of your entity’s most recently completed financial audit? | | | | | | Enter date. | | |
| **Q.3** I understand that this project, while 100% Principal Forgiveness, still requires the submittal of financial audits. | | | | | | **Yes** | | |
| **Q.4** The last rate increase was completed in (year). | | | | | | Enter date. | | |

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| **Section 8. AUTHORIZATION AND SIGNATURE** | | | |
| **Printed Name and Title of Entity’s Authorized Representative** | | **Telephone Number and Email Address** | |
|  | |  | |
|  | |  | |
| **Signature of Entity’s Authorized Representative** | | **Date (mm/dd/yyyy)** | |
|  | | Enter date. | |
| If the grand total (Section 10, Line P) is **less than or equal to $100,000**, include:  • Statement establishing the basis for the project cost.  • Signature of system operator. | | If the grand total (Section 10, Line P) is **greater than $100,000**, include:  • Seal of registered Professional Engineer.  • Signature of registered Professional Engineer. | |
|  | | **ct11. AUTHORIZATION AND SIGNATURE** | |
| System Operator’s Statement | | Seal of registered Professional Engineer | |

This form must be completed in full to be considered for rating and inclusion in the DWSRF Emerging Contaminants Program IUP. **Incomplete forms will prevent projects from being rated.**

**For questions, contact****:** [DWSRF@twdb.texas.gov](mailto:DWSRF@twdb.texas.gov)

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| **Section 9. DISADVANTAGED COMMUNITY ANALYSIS** | | | |
| **A.** | **What is the system service area’s Annual Median Household Income (AMHI)?**  **To be eligible for this funding, 51 percent or more of the system service area based on household connections must have an Annual Median Household Income (AMHI) that does not exceed 150 percent of the state’s AMHI.** The state AMHI from the U.S. Census 2023 American Community Survey (ACS) 5-year estimate is $76,292; therefore, **the AMHI of the system service area must not exceed $114,438.**  Prior to beginning your calculations, obtain a list of the U.S. Census Block Groups and/or Census Tracts containing any portion of the service area, their associated AMHIs, and number of household connections in each. Refer to [Census Data Search (WRD-284)](https://www.twdb.texas.gov/financial/instructions/doc/WRD-284.pdf) for guidance on obtaining Census data.  Beginning with Calculation A.1, below, calculate the average (mean) AMHI of all U.S. Census Bureau Block Groups and/or Census Tracts containing any portion of the service area. If the AMHI of your project area does not meet the 150 percent threshold by using Calculation A.1, proceed to Calculation A.2. If the AMHI does not meet the 150 percent threshold using Calculation A.2, proceed to Calculation A.3.  ***See Appendix A: “Determining Disadvantaged Community Eligibility Examples” for examples of data and calculations.***  Alternatively, you may conduct an income survey to determine the applicable AMHI (see next section below). **All entities must obtain prior approval to use survey data instead of the most recent available American Community Survey data.** Previously completed surveys, including surveys completed for funding from other sources, will be rejected if they do not follow survey methods listed in the latest version of the [Socioeconomic Survey Guidelines (WRD-285)](http://www.twdb.texas.gov/financial/instructions/doc/WRD-285.pdf). An approved survey may be considered valid for the five (5) year period (60 months) prior to the date the TWDB receives the Project Information Form. | | |
|  | **ONLY If a survey was approved, conducted, and results approved within the past five (5) year period (60 months)** prior to the date TWDB received this PIF enter the date of approved survey and resulting AMHI here.  You must also attach the survey approval letter issued by TWDB.  **All other applicants please proceed to Calculation A.1.** | **Resulting Survey AMHI and Year Approved**    If less than or equal to $114,438, no further calculations are required. Proceed to Part B.  If the resulting AMHI from a survey is greater than $114,438 the entity will not be considered disadvantaged under the DWSRF EC Program. | |
|  | **A.1 Average AMHI** *ß all applicants start here*  Using the U.S. Census Data obtained above, calculate the Average AMHI of the service area using the following formula:  *Where A1 equals the AMHI for Tract A, B1 equals the AMHI for Tract B, etc., and “n” equals the total number of representative Census Tracts.*  You **must** attach:   1. a copy of your full calculation, AND 2. a table showing the U.S. Census data used.   Data table must include a list of the U.S. Census Block Groups and/or Census Tracts containing any portion of the service area and their associated AMHIs. | | **Average AMHI**    If less than or equal to $114,438, no further calculations are required.  If greater than $114,438, proceed to Calculation A.2 |

|  |  |  |
| --- | --- | --- |
|  | **A.2 Weighted Average AMHI**  Calculate the Weighted Average AMHI of the service area using the following formula:  *Where ”A1” equals the AMHI for Tract A, “B1” equals the AMHI for Tract B, etc., and “A2” equals the number of household connections in Tract A, “B2” equals the number of household connections in Tract B, etc.*  You **must** attach:   * + - 1. a copy of your full calculation, AND       2. a table showing the U.S. Census data used.   Data table must include a list of the U.S. Census Block Groups and/or Census Tracts containing any portion of the service area, their associated AMHIs, and their associated household connections. | **Weighted Average AMHI**    If less than or equal to $114,438, no further calculations are required.  If greater than $114,438, proceed to Calculation A.3 |
|  | **A.3 Percent of Households with AMHI below 150% of state AMHI**  Calculate the percentage of household connections in the service area with an AMHI below 150% of the state AMHI using the following formula:  You **must** attach:   1. a copy of your full calculation, AND 2. a table showing the U.S. Census data used.   Data table must include a list of the U.S. Census Block Groups and/or Census Tracts containing any portion of the service area, their associated AMHIs, and their associated household connections. | **Percentage of Households with AMHI below 150% of state AMHI**    If the resulting percentage is 51% or greater, the system is eligible as a Disadvantaged Community under the DWSRF EC Program.  If the resulting percentage is less than 51%, the entity will not be considered disadvantaged under the DWSRF EC Program. |
| **B.** | **What is the system service area’s unemployment rate?**  The same method and data source used for the AMHI calculation method from Appendix A will be used for the unemployment rate. If an income survey is used, TWDB will use the most appropriate geographical area that represents the proposed project beneficiaries for determining the unemployment rate. |  |
| **C.** | **What is the system service area’s population change percentage?**  The same method and data source used for the AMHI calculation method from Appendix A will be used for the population change percentage. If an income survey is used, TWDB will use the most appropriate geographical area that represents the proposed project beneficiaries for determining the population change percentage. |  |

**Appendix A: Determining Disadvantaged Community Eligibility Examples**

Please refer to the formulas and examples below to assist with your calculation to determine whether your system meets Disadvantaged Community Eligibility criteria.

To be eligible for Disadvantaged Community principal forgiveness, the service area AMHI (using one of the 4 calculations below) must be less than 150% of the state AMHI. For this funding cycle, the state AMHI is $76,292, so the 150% threshold is $114,438 and under.

Example 1 illustrates using the Census Place geographic area. This data should be used if your service area covers the entire Census Place geographic area. In this example, Census Data A meets the Disadvantaged eligibility, so using Methods 1, 2, and 3 is not needed.

Example 2 illustrates using Method 1, the standard average of the AMHI amounts for each Census Tract covering a service area. In this example, Census Data B meets the Disadvantaged eligibility, so using Method 2 and 3 is not needed.

Example 3 illustrates using Method 2, the weighted average of the AMHI amounts for each Census Tract covering a service area. In this example, Census Data C does not meet the Disadvantaged eligibility using Method 1, but does meet using Method 2, so using Method 3 is not needed.

Example 4 illustrates using Method 3, majority of households in Census Tracts covering the service area that have an AMHI below 150% of the state AMHI. In this example, Census Data D does not meet the Disadvantaged eligibility using Method 1 and 2 but does meet Disadvantaged eligibility using Method 3 because 61% of the households are in Census Tracts that have an AMH below 150% of the state AMHI.

Examples 2, 3, and 4 uses Census Tract data, but Census Block or Census Block Group data can also be used.

**For this funding cycle, applicants must use the U.S. Census 2023 American Community Survey (ACS) 5-year estimates dataset.**

Alternatively, as with general program activities, the entity may conduct an income survey for determining the applicable AMHI If your service area does not meet the Disadvantaged eligibility using the Census Place or Method 1, 2, or 3. Any survey being used for income determination must be completed within five years of prior to the date the TWDB receives the PIF.

The same method and data source used for the AMHI calculation method below will be used for the unemployment rate and change in population. If an income survey is used, TWDB will use the most appropriate geographical area that represents the proposed project beneficiaries for determining the unemployment rate and change in population.

**Example 1: Using Census City/Place geographic area**

**Census Data A**

|  |  |  |
| --- | --- | --- |
| **Census Place ID** | **AMHI** | **Household Connections** |
| Texas Town city, Texas | 89,000 | 2500 |

In this example, the Census Place AMHI (**$89,000**) is below the 150% of the state AMHI ($114,438), so the system meets Disadvantaged Community Eligibility criteria. The calculation Methods 1, 2 and 3 are not needed.

**Example 2: Using Method 1 (Average)**

**Census Data B**

|  |  |  |
| --- | --- | --- |
| **Census Tract ID** | **AMHI** | **Household Connections** |
| Tract A | 60,000 | 150 |
| Tract B | 105,000 | 200 |
| Tract C | 68,000 | 175 |
| Tract D | 45,000 | 150 |
| Tract E | 85,000 | 200 |

**Method 1 (Average):**

*Where: “A1” equals the AMHI for Tract A, etc.*

*“n” equals the number of representative Census Tracts*

In this example, the average AMHI (**$72,600**) of the representative Census Tracts isbelow the 150% of the state AMHI ($114,438), so the system meets Disadvantaged Community Eligibility criteria. The calculation Methods 2 and 3 are not needed.

**Example 3: Using Method 2 (Weighted Average)**

**Census Data C**

|  |  |  |
| --- | --- | --- |
| **Census Tract ID** | **AMHI** | **Household Connections** |
| Tract A | 85,500 | 150 |
| Tract B | 149,5000 | 140 |
| Tract C | 99,500 | 190 |
| Tract D | 140,000 | 95 |
| Tract E | 98,500 | 200 |

**Method 1 (Average):**

*Where: “A1” equals the AMHI for Tract A, etc.*

*“n” equals the number of representative Census Tracts*

**Method 2 (Weighted Average):**

*Where: “A1” equals the AMHI for Tract A, etc.*

*“A2” equals the number of household connections in Tract A, etc.*

In this example,the average AMHI ($114,600) of the representative Census Tracts isabove the 150% of the state AMHI ($114,438), but the weighted average AMHI (**$110,529.03**) is below the 150% of the state AMHI so the system meets Disadvantaged Community Eligibility criteria. The calculation Method 3 is not needed.

**Example 4: Using Method 3 (Majority of Households)**

**Census Data D:**

|  |  |  |
| --- | --- | --- |
| **Census Tract ID** | **AMHI** | **Household Connections** |
| Tract A | 85,500 | 115 |
| Tract B | 150,000 | 155 |
| Tract C | 99,500 | 190 |
| Tract D | 140,000 | 145 |
| Tract E | 98,500 | 180 |

**Method 1 (Average):**

*Where: “A1” equals the AMHI for Tract A, etc.*

*“n” equals the number of representative Census Tracts*

**Method 2 (Weighted Average):**

*Where: “A1” equals the AMHI for Tract A, etc.*

*“A2” equals the number of household connections in Tract A, etc.*

**Method 3 (Majority of Households):**

*If resulting % is 51% or greater, system is eligible as Disadvantaged Community*

*Where: “A2” equals the number of household connections in Tract A, etc.*

In this example,the average AMHI ($114,700) and the weighted average AMHI ($114,671.97) of the representative Census Tracts areabove the 150% of the state AMHI ($114,438), but the percentage of households located in Census Tracts where the AMHI is below the 150% of the state AMHI is **62%** so the system meets Disadvantaged Community Eligibility criteria.