

**INFRASTRUCTURE REVOLVING LOAN FUND (Fund C)  
LOAN APPLICATION**

**I. GENERAL PROJECT SUMMARY**

**1. PROJECT TITLE** \_\_\_\_\_

**PROJECT NUMBER** \_\_\_\_\_  
(WX or SX #)

**2. LEGAL APPLICANT**

Applicant Name: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

County: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**3. APPLICATION CONTACT PERSON**  
(Consultant, Area Development District, etc.)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Firm: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**4. ENGINEERING FIRM**

Name: \_\_\_\_\_  
Street/P.O. Box: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_

**5. BRIEF DESCRIPTION OF PROJECT (Attach project maps)**  
**(this description will be reviewed against the existing project profile for the project and should be consistent with the description therein)**

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**6. FINANCING PACKAGE PROPOSED**

Source	Amount	Type Loan/Grant	Rate%	Term	Status
Fund C				20 years	Application
<b>TOTAL</b>					

Attach evidence of commitment from other funds.

**7. CERTIFICATION**

To the best of my knowledge and belief, the information contained in this application is true and correct.

\_\_\_\_\_  
Typed Name and Title  
Chief Executive Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SRF Project Cost Summary

**Project Title:** \_\_\_\_\_

**WRIS#:** \_\_\_\_\_

**Project Budget: Estimated** \_\_\_\_\_

**As Bid** \_\_\_\_\_

**Revised** \_\_\_\_\_

Cost Classification		SRF KIA Loan	Funding Source 1	Funding Source 2	Funding Source 3	Funding Source 4	Funding Source 5	Local Funds	Unfunded Costs	Total
1	Administrative Expenses									
2	Legal Expenses									
3	Land, Appraisals, Easements									
4	Relocation Expenses & Payments									
5	Planning									
6	Engineering Fees – Design									
7	Engineering Fees – Construction									
8	Engineering Fees – Inspection									
9	Engineering Fees – Other									
10	Construction									
11	Equipment									
12	Miscellaneous									
13	Contingencies									
<b>Total</b>										

Funding Sources	Amount	Date Committed
1		
2		
3		
4		
5		
<b>Total</b>		

Local Funding Sources	Amount	Date Committed
1		
2		
3		
<b>Total</b>		
<b>Total Funding</b>		

**II. GENERAL PROJECT INFORMATION**

1. Have business closings or disruptions occurred due to infrastructure inadequacy or failure?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe.

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2. Is the applicable infrastructure system under sanction from any enforcement agency?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

If yes, describe (include deadlines, fines imposed and whether the project will satisfy sanction order.)

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3. Are easements or land acquisition needed for the project?

\_\_\_\_\_ Yes \_\_\_\_\_ No Number of Parcels \_\_\_\_\_

Explain status of each parcel.

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4. If applicant has obtained the necessary land, indicate if by:

\_\_\_\_\_ Leasehold interest \_\_\_\_\_ Fee simple title \_\_\_\_\_ Other (Specify)

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5. Have plans and specifications been reviewed and approved by the Division of Water?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, explain status.

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6. Does the Public Service Commission have jurisdiction over this project?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe their role and estimated schedule of review.

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### III. CURRENT INFRASTRUCTURE SYSTEM ANALYSIS

Answer each question as it relates to the system affected by the proposed infrastructure development.

1. Number of existing customers, if any: Number of customers added as a result of the project, if any

Residential	_____	_____
Business	_____	_____
Industrial	_____	_____
Total	_____	_____

2. System capacity:

Type of system	_____
Design	_____
Current	_____
Peak	_____
Proposed	_____

3. Method of treatment employed. If a new method is proposed, describe.

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4. Operator Certification:

Number of certified operators required for system \_\_\_\_\_

Level of certification required \_\_\_\_\_

Number of operators employed by system \_\_\_\_\_

Are all operators properly certified \_\_\_\_\_ Yes \_\_\_\_\_ No

#### IV. FINANCIAL ANALYSIS

1. Are revenues and expenses for this system accounted for separately from other utility services?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, explain.

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2. Identify all revenues, other than service fees, which are dedicated to the system.

A. \_\_\_\_\_ \$ \_\_\_\_\_

B. \_\_\_\_\_ \$ \_\_\_\_\_

C. \_\_\_\_\_ \$ \_\_\_\_\_

3. Is there outstanding debt on the system? \_\_\_\_\_ Yes \_\_\_\_\_ No

A. Source \_\_\_\_\_

B. Principal outstanding \_\_\_\_\_

C. Annual debt requirement \_\_\_\_\_

D. Date of final payment \_\_\_\_\_

Attach a copy of debt service schedule(s).

4. Has a rate study been prepared in anticipation of a rate increase?

\_\_\_\_\_Yes \_\_\_\_\_No

If yes, attach a copy.

5. Are water or sewer services provided by other communities or districts to this system?

\_\_\_\_\_Yes \_\_\_\_\_No

Attach copy of service agreements and briefly describe terms.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does this system provide services to other communities or districts?

\_\_\_\_\_Yes \_\_\_\_\_No

<u>Community/District</u>	<u># of Customers</u>	<u>Amount of Revenue Derived</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Attach copy of service agreement(s) and briefly describe terms.

\_\_\_\_\_  
\_\_\_\_\_

7. Rate structure (attach copy of current and any proposed rate ordinance).

- A. Current 4,000 gallon rate \$ \_\_\_\_\_
- B. Proposed 4,000 gallon rate \$ \_\_\_\_\_
- C. Average usage/bill \$ \_\_\_\_\_
- D. Date last rate increase/amount of change \_\_\_\_\_
- E. Method of collection of service fees \_\_\_\_\_
- F. Percentage rate of collection \_\_\_\_\_

G. Do any users provide more than 5% of the service revenue for the system?

\_\_\_\_\_Yes \_\_\_\_\_No

If yes, list.

Company

% Service Revenue

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8. Compare rates with other providers in your area.

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9. Operation and Maintenance.

	<u>Year</u>	<u>Cost</u>
A. Annual operation and maintenance costs for last 3 years.	_____	\$_____
B. Estimated total cost after project completion.	_____	\$_____
C. Current annual funding requirements for depreciation, and operation and maintenance reserves.		

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D. Are operation and maintenance payments required by prior bond or ordinance?

\_\_\_\_\_Yes \_\_\_\_\_No

If yes, are you in compliance? \_\_\_\_\_Yes \_\_\_\_\_No

If no, explain.

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E. Are operation and maintenance functions assigned to another party?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, provide details of the agreement.

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F. Provide a copy of the current operating budget of the system affected by this proposed funding.

10. Tap fee amounts.

A. Residential                    \$ \_\_\_\_\_

B. Commercial                    \$ \_\_\_\_\_

C. Other                            \$ \_\_\_\_\_

D. How collected                \$ \_\_\_\_\_

11. Outline the applicant's plan for producing revenues sufficient to cover debt service and operations.

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12. List any security available to support the proposed debt, if applicable. This may include liens on mortgages or projected revenues.

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**V. IMPLEMENTATION SCHEDULE**

1. Anticipated engineering design time required (including plan review).

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2. Anticipated number of contracts. Please list contracts below:

<u>Contract #/Name/Description</u>	<u>Estimated Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

3. Anticipated bid advertising date(s). \_\_\_\_\_

4. Anticipated bid opening date(s). \_\_\_\_\_

5. Anticipated construction start date(s). \_\_\_\_\_

6. Anticipated construction completion date(s). \_\_\_\_\_

7. Will force account labor be used?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. List any construction or bid requirements related to other funding sources, which could affect timely implementation.

## VI. MANAGEMENT CAPACITY

These questions relate to compliance with statutory mandates placed on each type of applicant. Answer each question as appropriate.

1. Audit Requirement.

A. Is applicant required to have annual audit performed?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, explain.

\_\_\_\_\_

\_\_\_\_\_

- B. Date of last audit completed: \_\_\_\_\_
- C. Attach four (4) of the most recent financial statements, current year-to-date unaudited financials and current budget.

2. All Other Applicants

- A. Explain designation of responsibility for financial accountability and personnel administration.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- B. Have any public meetings been held on the proposed project or service fee increases in the last six months?

\_\_\_\_\_Yes \_\_\_\_\_No  
 If yes, provide minutes.

**VII. CAPITAL INVESTMENT**

Federal/State Funding History.

List all federal and state funding (grant and loan) awarded to the jurisdiction during the last five (5) years for infrastructure or economic development projects.

YEAR	PROJECT	SOURCE	AMOUNT