KIA Loan Number: W26 WRIS PNUM:	KIA Loan Applicant (s): WRIS Project Title:	:				
Please select the loan application type:	○ Construction	Planning a	and Design			
	Non-Capital	O Declared E	Emergency			
	C Regional					
	P	roject Contac	t Information			
Legal Applicant						
Entity Name						
Street / PO Box						
City		County		State	Zip Code	Phone
Authorized Official			Authorized Official Title			
L Authorized Official Email						
Project Administrator						
L Administrator Name			Title			
Firm Name			Email			
rii iii Naiiie			Email			
Street / PO Box						
City		County		State	Zip Code] Phone
Application Contact Person (If different fi	rom the Project Administrat	or.)				
Contact Person			Title			
Firm Name			Email			
Street / PO Box						1
City		County		State	Zip Code	Phone

ngineering Firm (If Project requires an Eng	ineer.)	
Firm Name		
Project Engineer		
Project Engineer Email		
Street / PO Box		
City	County	State Zip Code Phone
the Project Engineering Firm been p	rocured following KRS Chapter 45A?	○ Yes ○ No
o, please provide current status l estimated		

Applicant and Project Eligibility Information

	ease select the categor cumentation for each	y or categories that identify your utility as an eligible entity and provide the requested supporting category selected:					
	□ The median household income MHI within the service area of the funding applicant is less than the Commonwealth's median househol income. The service area MHI will be verified and obtained from the WRIS calculation for the applicant and will be based on the year in which t project applies for funding. No additional information is needed for this category. If the utility is not represented in the WRIS, the MHI will be based on the US Census Bureau data (as updated annually).						
	annual household inco	ic drinking water or wastewater services provided by the funding applicant are at or above one percent (1%) of me for its service area. Current rate ordinance Prior rate ordinance Anticipated rate ordinance (if project will require a rate increase or a rate increase is planned)					
_		Please provide the anticipated effective date of the new rates.					
	Please provide: □ Page Please Provide: □ Page Please Provide: □ Page Please Please Provide: □ Page Please Please Provide: □ Please Provide: □ Please Please Provide: □ Please Pl	has failed to produce a financial statement audit in at least one (1) of the prior three (3) years. ast three consecutive years audited financial statements. If three consecutive years of audited financial statements are not available, please provide a detailed explanation of why the utility does not have three consecutive years of audited statements. Include in the explanation, what the utility is doing to obtain current audited financial statements.					
		has negative income in any two (2) of the previous five (5) years. Past consecutive five years audited financial statements.					
	I	If five consecutive years of audited financial statements are not available, please provide compiled financial statements for the years that audits are not available.					
		s debt service coverage ratio, calculated by dividing its annual net operating income by its annual debt payments, one-tenth (1.1) in any three (3) of the previous five (5) years.					
	P-0,	 □ Past five consecutive years audited financial statements. □ If five consecutive years of audited financial statements are not available, please provide compiled financial statements for each year that audits are not available. 					
	by its average account	s current accounts payable turnover ratio, calculated by dividing its monthly net credit purchases from suppliers s payable balance for the month, is less than one (1). (This calculation will be annualized if the applicant provides nents. [Total Purchases Made on Credit divided by Accounts Payable]).					
	*	 □ Past three consecutive years audited financial statements. □ A list of all purchases made on credit (by category) with annual dollar amounts identified. Some examples may be: Chemicals purchased during the year: \$ Annual electric costs: \$ Please include all categories of expenditures made on credit. 					
	monthly credit sales values. (This calculation	s current days' sales in accounts receivable ratio, calculated by dividing its monthly accounts receivable by its alue and multiplying the resulting quotient by the number of days in that month, is greater than forty-five (45) will be annualized if the applicant provides annual financial statements. [Accounts Receivable divided by deed by 365 days]. "Credit sales" means operating revenue generated by rate payers.)					
	1	Past three consecutive years audited financial statements If three consecutive years of audited financial statements are not available, please provide compiled financial					

statements for the years that audits are not available.

	The funding applicant has received a notice of violation or has entered into an agreed order as a result of a violation of the requirements of the Safe Drinking Water Act, 42 U.S.C. sec. 300f et seq., or the Clean Water Act, 33 U.S.C. sec. 1251 et seq., in the past year.
	Please provide: \Box A copy of the notice of violation or agreed order.
	The percentage of water loss of the funding applicant's system is greater than thirty percent (30%)
	Please provide: Past 2 years of monthly water loss reports.
	ease provide a corrective action plan that will detail how the KY WWATERS funding will be used to address the performance ficiencies that made the applicant eligible for the funding:
	Corrective Action Plan
	 The corrective action plan should contain the following sections: Identification: What should be fixed? Evaluation: What is the Consequence of Noncompliance? Root Cause Analysis: Why did this happen? Action Plan Development and Implementation: How will the problem be corrected? Who will be responsible for correcting the problem? What is the timeline for correcting the problem? Follow-Up: What are the follow up milestones? When should the milestones be reevaluated?
	r emergency projects relating solely to restoring or avoiding imminent interruption of utility service provided by a public water or istewater system, please provide the resolution or ordinance that declares the emergency.
Th	is emergency is:
	Statewide State of emergency declared pursuant to KRS Chapter 39A.
	Local State of emergency declared for the jurisdiction where the public water or wastewater system is located pursuant to KRS Chapter 39B.
	r regional projects, please describe how the funding will be used for regionalization, consolidation, or partnerships consistent with epolicy stated in KRS 224A.300 (1).
Ple	ease describe how the funding will be able to fully resolve the pending issues that are the subject of this application for funding.

ease identify the category or categories that identify your project as an eligible project:							
This project will be used for:							
Please identify: Capital expenditures (construction, planning and design of a construction project, refinancing a construction project) Non-capital expenditures (all other expenditures not related to construction)							
Please identify the type of expenditure.							
☐ Developing technical, operational, and maintenance resources and expertise.							
☐ Improving utility infrastructure planning, repair, maintenance, renovation, and management of plants and assets.							
□ Obtaining technical expertise in areas of rate-setting, cost-of-service, and proper utility accounting standards for the utility type.							
☐ Performing and correcting deficiencies from drinking water, wastewater, and financial audits.							
□ Providing financing for financial inadequacies, including debt service coverage through relief or refinance of the drinking water or wastewater system's debt.							
□ Providing payment assistance for other financial inadequacies including but not limited to excessive maintenance costs, fines and penalties from past violations, or consultants.							
□ Extending financing for inadequately maintained distribution, collection, or treatment works, including service extensions to unserved or underserved areas and the renovation of treatment works to conserve resources.							
□ Other (please describe).							

		Tionedony *********						
KIA Loan Number:	W26	KIA Loan Applicant (s):						
WRIS PNUM:		WRIS Project Title:						
		C II	T. C					
		General F	Project Information					
Project Description								
listed. If possible, ple contact the ADD Wat	For capital construction or planning and design projects, this description must be consistent with the description and mapping with the referenced WRIS Project Profile listed. If possible, please use the same project description found in the WRIS Project Profile. If updates need to be made to the WRIS Project Profile description or mapping, contact the ADD Water Management Coordinator listed in the project profile prior to submitting this application. For non-capital projects, this description should be as detailed as possible to fully describe the use of the funding.							
ror non-capital proje	ects, this description	i siloula de as aetaliea as possible to jui	ly describe the use of the funding.					
Have business slesin	ac or discuptions	a accurred due to infractructure in	adaguagy?	○ Voc	○ No			
	igs of distupcions	occurred due to infrastructure in	auequacy: 	○ Yes	○ No			
If yes, describe:								
Is the applicable infr	astructure syster	n under sanction from any enforce	ement agency?	○ Yes	○ No			
If yes, describe: Include deadlines, fines,	and							
relationship to proposed								
	_							
Are easements or lar	nd acquisitions ne	eeded for the project?		Yes	○ No			
If yes, describe: Explain the status of ear parcel.	ch							
	ined the necessar	y land, indicate if by:	C Leasehold Interest	○ Fee Simple Title	Other			
If other specify:								

KIA Loan Number: W26						
WRIS PNUM:	WRIS Project Title:		Ct A	1		
List the state large have a factor		rrent Infrastructu		-		
	and existing customers by type	xisting			ect: New	Existing
Residential			In City (M			
Commercial				(Municipal)		
Industrial			Non-Muni	cipal Systems		
Institutional						
Wholesale						
Other						
	Rate	s, Ordinances, and	l Service Agree	ements		
	Current Rates		Previo	us Rates	Proposed Ra	tes (If Applicable)
In City or Non-Municipal System	Water Sewe	er	Water	Sewer	Water	Sewer
Rate per 4,000 Gallons Minimum Bill						
Out of City						
Rate per 4,000 Gallons						
Minimum Bill						
Effective Date:						
Applicant must submit current, pr	revious, and proposed rate ordinand	ces as an attachmen	t. (Proposed rate	e ordinances are only re	quired if applicable.)	
Has a rate study been prepare If yes, attach a copy of the rate stu	ed in anticipation of a rate incr udy.	rease?			○ Yes	○ No
	ea have a mandatory connection to the mandatory connection ordinance.				○ Yes	○ No
Does the system use a billing	service or does another utility	complete the bill	ing for the syst	tem?	○ Yes	○ No
If yes, list the billing service of Applicant must submit all billing as an attachment.						
List any communities or distr	ricts that receive services from	the applicant sys	tem·			
Community/District Name					Number of Customers	Annual Revenues Billed
1.						
2.						
3.						
5.						
	nce functions assigned to anot	her party?			○ Yes	○ No
If yes, provide details of the a Applicant must submit all operationagreements/contracts as an attack.	ion and maintenance					

KIA Loan Number: WRIS PNUM:	W26	KIA Loan Applicant (s): WRIS Project Title:				
Wido Fitom.			l and Revenue Inform	ation		
Are revenues and ex	penses for this sy	stem accounted for separately			○ Yes	○ No
If no, explain:		•	, , , , , , , , , , , , , , , , , , , ,			
Are revenues and ex	penses for this sy	vstem accounted for separatel	y from other utility se	rvices?	○ Yes	○ No
If no, explain: Include PSC's role and es schedule of review.	stimated					
Identify all revenues	other than servi	ice fees, which are dedicated to	o the system:			
Revenue Descript	cion					Annual Revenues Billed
1.						
2.						
 4. 						
5.						
List the system's fix	o highost usors a	long with the usage type, annı	ual volume used in gall	one and annual royo	nuac hillad (EV2017).	
	e nignest users a	long with the usage type, annu	iai voiume used in gan		Annual Volume	Annual Revenues
User Name				Usage Type	Sold (G)	Billed
1.						
2.						
3.						
4. <u></u>						
5.						
List any <u>anticipated</u> i	ndustrial, comm	ercial, housing developments,	or other large users in	n the system's service	area that will impact	revenues:
User Name				Service Start Date	Anticipated Annual Usage (G)	Anticipated Annual Revenues
1.						
2.						
3. <u></u>						
5.						
If the system has mor	e than five propose	d large users, submit a list as an at	tachment.			
List any pending fina	ncial transaction	ns, bond issues, or anticipated	dahte			
Description Description	nciai ti ansactioi	is, bond issues, of anticipated	Amount	Interest Rate	Issuance Date	Term Length
1.						
2.						
3.						
4.						
5. If the system has mor	e than five nendina	financial transactions, bond issues	s, or anticipated debts, sui	bmit a list as an attachm	l	

KIA Loan Number: WRIS PNUM:	W26	KIA Loan Applicant (s): WRIS Project Title:					
WIGHT WOM.		L	and Revenue Information (Cont.)				
List the the annual one	erations and ma	aintenance costs for the last		Year	Cost		
List the the annual ope	rations and me	annenance costs for the last	tillee years.	Teal	Cost		
Estimated total cost af	ter project com	pletion.		Year	Cost		
Explain the current annual funding requirements for depreciation and operation and maintenance reserves?							
Are operation and mai	ntenance payn	nents required by prior bon	d or ordinance?	○ Yes	○ No		
If yes, is the system in	compliance?				○ No		
If no, explain:							
7. F							
Outline the applicant's	plan for produ	cing revenues sufficient to o	cover debt service and operations.				
		D :	l Dl lc l				
D. d. D. H. C.	<i>C</i> 1		nplementation Plan and Schedule	- V	C N		
Does the Public Service	e Commission I	have jurisdiction over this p	roject?	Yes	○ No		
If yes, describe: Include PSC's role and esti schedule of review.	imated						
Have plans and specifi	cations been re	eviewed and approved by th	e Division of Water?	○ Yes	○ No		
If no, explain status:							
Estimated Project Scho	edule:		List the anticipated contracts, descrip				
			Contract Number/Name/Description	on	Estimated Amount		
Anticipated Clearingho		on Date:	1.				
Anticipated Bid Adver			2.				
Anticipated Bid Openia			3.				
Anticipated Construct			4.				
Anticipated Constructi	ion Completion	Date:	5.				

KIA Loan Number: WRIS PNUM:	W26	KIA Loan Applicant (s): WRIS Project Title:				
		Project Implementation Plan and S	Schedule (Cont.)			
Will the applicant use its own workforce to perform any services on the proposed project (including engineering)?						
If yes, list the service	s:					
Does this project hav	e any cons	truction or bid requirements related to other funding	sources?	○ Yes	○ No	
If yes, list the require	ments:					

SRF Project Cost Summary

Pro	ject Title:						WRIS#:	:		
Pro	ject Budget: Estimated	enter date		As Bid	enter date		Revised	enter da	ite	
Cos	t Classification	KY WWATERS	Funding Source 2	Funding Source 3	Funding Source 4	Funding Source 5	Funding Source 6	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									
	T-1-1									

Fund	ling Sources	Amount	Date Committed
1			
2			
3			
4			
5			
6			
	Total		

Local Funding Sources		Amount	Date Committed
1			
2			
3			
	Total		

Total	
Funding	

Cost Categories	Funding Source	Total Cost
Treatment (DW)		
Transmission and Distribution (DW)		
Source (DW)		
Storage (DW)		
WWTP Secondary Portion (CW)		
WWTP Advanced Portion (CW)		
Inflow and Infiltration Correction (CW)		
Major Sewer Rehabilitation (CW)		
Collector Sewers (CW)		
Combined Sewer Overflow Correction (CW)		
Interceptor Sewers Including Pump Station (CW)		
Purchase of Systems (DW and CW)		
Restructuring (DW and CW)		
Land Acquisition (DW and CW)		
Total Costs		