**APPLICATION FORM**

**Drinking Water State Revolving Fund**

**Loan Program (DWSRF)**

*Return completed form to:*

**DWSRF Administrator**

**100 North Senate Avenue, Rm. 1275**

**Indianapolis, IN 46204**

**Section I. APPLICANT and SYSTEM INFORMATION**

1. Applicant Name (community or water system name):
2. Type of Applicant (check one):

[ ]  Municipality (City, Town, County, Township)

[ ]  Regional Water District

[ ]  Non-profit Water Corporation

[ ]  For-profit Utility

[ ]  School

[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Public Water Supply ID Number:
2. Location of the Proposed Project: City / Town:

County(ies): Civil Township(s) :

State Representative District: State Senate District: Congressional District:

1. Population Served (<https://myweb.in.gov/IDEM/DWW>):
2. Population Trend ([http://data.census.gov](http://data.census.gov/)**):**[ ]  Increasing [ ]  Decreasing
3. Median Household Income for Service Area ([http:/data.census.gov](http:///data.census.gov)):
4. Unemployment Rate Data (<http://data.bls.gov>**):**
5. Number of Connections (Current): (Post-Project):
6. Current User Rate/4,000 gal.: Estimated Post-Project Rate/4,000 gal.:
7. Average Residential User Bill for the last 12 months:
8. Is the utility regulated by the Indiana Utility Regulatory Commission (IURC)?: [ ]  Yes [ ]  No
9. Applicant’s Unique Entity Identifier[[1]](#footnote-1):
10. Does the Utility have any Interlocal agreements?: [ ]  Yes [ ]  No

If yes, will they expire after final maturity of the SRF Loan?: [ ]  Yes [ ]  No

If no, agreements will need to be renewed to ensure they expire after the final maturity of the SRF Loan.

**Section II. CAPACITY DEVELOPMENT**

Pursuant to the Safe Drinking Water Act, a DWSRF Loan Program Participant must certify that the Participant possesses the technical, managerial, and financial capacity to operate the water system or that the DWSRF Loan Program assistance will ensure compliance with the Safe Drinking Water Act (40 CFR 35.3520(d)(2)).

1. Does your system currently possess technical, managerial and financial capacity? [ ]  Yes [ ]  No

2. If no, will technical, managerial and financial capacity be achieved after the

implementation of the water system’s DWSRF project? [ ]  Yes [ ]  No

To assess the technical, managerial, and financial capacity of the water system, the Participant is encouraged to complete the “Indiana Department of the Environmental Management (IDEM) Capacity Development Self-Assessment”, available at [**www.srf.in.gov**](http://www.srf.in.gov) .

**Section III. CONTACT INFORMATION**

**Authorized Signatory** (an official of the Community or water system that is authorized to contractually obligate the applicant with respect to the proposed project):

Name:

Title:

Address:

City, State, Zip Code:

Telephone # (include area code):

E-mail:

**Applicant Staff Contact** (person to be contacted directly for information if different from authorized signatory):

Name:

Title:

Address:

City, State, Zip Code:

Telephone # (include area code):

E-mail:

**Certified Operator:**

Name:

Telephone # (include area code):

E-mail:

**Grant Administrator** (if applicable):

Contact:

Firm:

Address:

City, State, Zip Code:

Telephone # (include area code):

E-mail:

**Consulting Engineer:**

Contact:

Firm:

Address:

City, State, Zip Code:

Telephone # (include area code):

E-mail:

**Bond Counsel:**

Contact:

Firm:

Address:

City, State, Zip Code:

Telephone # (include area code):

E-mail:

**Financial Advisor:**

Contact:

Firm:

Address:

City, State, Zip Code:

Telephone # (include area code):

E-mail:

**Local Counsel:**

Contact:

Firm:

Address:

City, State, Zip Code:

Telephone # (include area code):

E-mail:

**Section IV. PROJECT INFORMATION**

Click here to enter text.

1. **Project Need -** Describe the facility needs in terms of age, condition, date of most recent rehabilitation/replacement, and any public health or Safe Drinking Water Act compliance issues or violations (if applicable):
2. **Proposed Project -** Describe the scope of the proposed project and how it will address the applicant’s needs as enumerated above. Please provide a map showing proposed work areas, if possible. Note: Projects that are solely for fire suppression or economic development are not eligible for funding under the Safe Drinking Water Act.

Click here to enter text.

* Has a copy of the utility’s Asset Management Program Certification been attached?[[2]](#footnote-2) [ ]  Yes [ ]  No
* What was the date of the last IFA Regional Planning Meeting attended by the utility?[[3]](#footnote-3)
* What was the end date of the last full State Board of Accounts Audit?
* What was the date of the utility’s last Non-Revenue Water Audit?[[4]](#footnote-4)

Was the last Non-Revenue Water Audit submitted to the IFA? [ ]  Yes [ ]  No

* Is land acquisition and/or easements needed for this project? [ ]  Yes [ ]  No

If yes, have all land rights been acquired? [ ]  Yes [ ]  No

1. **Project Cost Estimate:**

Source (intake or wells) $

Treatment $

Storage $

Distribution/Transmission $

Other: $

**TOTAL CONSTRUCTION: $**

Non-construction Costs $

**TOTAL ESTIMATED PROJECT COST:** $

**Other Funding Sources:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Application Submittal(date) | Amount Requested(dollars) | Amount Awarded(if applicable) |
| Office of Community and Rural Affairs |  |  |  |
| U.S. Dept. of CommerceEconomic Development Administration |  |  |  |
| U.S. Dept. of Agriculture Rural Development |  |  |  |
| Local Funds |  |  |  |
| Other:  |  |  |  |

1. Will this project proceed if other funding sources are not in place?: [ ]  Yes [ ]  No
2. Anticipated SRF Loan Amount (after other funding): $

**Section V. ADDITIONAL FINANCIAL QUESTIONS**

Please confirm your answers with the utility’s legal and financial advisers prior to submitting your responses.

1. Will this SRF loan be repaid from net revenue of the applicant’s utility being improved by the SRF project?:

 [ ]  Yes [ ]  No

Are there any other debt obligations of this utility (i.e., bank loans, guarantee savings contracts, installment payment contracts, bank or financing purchase leases, loans from other utilities of the applicant)?

 [ ]  Yes [ ]  No

Is an estimated debt service coverage percentage currently available (coverage is computed by taking Net Revenues and dividing it by maximum annual debt service inclusive of both the planned new and any outstanding revenue bonds)? [ ]  Yes [ ]  No

* + - * if available, the coverage estimate is \_\_\_\_\_\_ percent.

Please know that prior to any loan preclosing, a formal pro forma coverage showing of at least 125% is required by SRF.

1. Will net revenues be the sole source of repayment? [ ]  Yes [ ]  No

If “no” was marked in Questions A and B, then please answer the following additional questions:

* What is the planned source(s) to provide funds to make SRF loan repayments? Check below as applicable:

[ ]  property taxes. If checked:

* + - * Is a preliminary determination & remonstrance process under IC 6-1.1-20 required?

 [ ]  Yes [ ]  No

* + - * Has that preliminary determination & remonstrance process under IC 6-1.1-20 been completed? [ ]  Yes [ ]  No

[ ]  tax increment revenues. If checked:

* + - * Has a TIF area already established? [ ]  Yes [ ]  No

If already established:

1. Please provide history of tax increment revenues (at least five (5) years)
2. Provide a schedule of projected tax increment revenues, debt service (which includes existing obligations pledged with tax increment revenues) and a showing that the 125% coverage requirement is met.

[ ]  other (describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

1. Will proceeds be used to payoff an existing BAN? [ ]  Yes [ ]  No
	* if “yes”, provide amount of the payoff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
	* And, provide the purpose for which the BAN was used: [ ]  Construction [ ]  Non-construction

If Construction is selected, the subject of the BAN will require SRF review prior to construction.

**Section VI. SIGNATURE**

**I certify that I am legally authorized by the legislative body to sign this application. To the best of my knowledge and belief, the foregoing information is true and correct.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Authorized Signatory (Community Official)**

Click or tap here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed or Typed Name**

Click or tap here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Authorized Signatory**

Click or tap here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

1. SRF Participants must register with the SAM.gov to secure a Unique Entity Identifier (UEI). For more information about how to obtain a UEI and register in SAM.gov, see [**www.srf.in.gov**](http://www.srf.in.gov) .

By submitting this form, the Community is applying to multiple funding sources administered by the Authority, including the state Water Infrastructure Assistance Program. The Authority will determine the fund source that best serves the proposed project. [↑](#footnote-ref-1)
2. Per IC 5-1.2-10-16, all PERs submitted to the IFA’s SRF Programs must include a completed Asset Management Program (AMP). [↑](#footnote-ref-2)
3. Per IC 5-1.2-11.5-7 and 5-1.2-11-8, the Applicant has or will participate in a cooperative/ regional activity (e.g., attend an IFA Regional Planning Meeting [[www.in.gov/ifa/3035](file:///%5C%5Cstate.in.us%5Cfile1%5Cifa%5Cshared%5CIFA-SRF%5CSRF%20WW%20and%20DW%20Project%20Applications%5Cwww.in.gov%5Cifa%5C3035)] or cooperative activity) acceptable to the Authority. [↑](#footnote-ref-3)
4. Per IC 8-1-30.8-8 and IC 5-1.2-11-8, for Drinking Water systems to apply to Authority programs a utility must demonstrate to the Authority that it has completed annual audits of non-revenue water, and submitted to the Authority as outlined in IC 8-1-30.8-6. [↑](#footnote-ref-4)