



State Revolving Fund Loan Program
an Indiana Finance Authority Environmental Program

100 North Senate Avenue, Room 1275
Indianapolis, Indiana 46204
www.srf.in.gov

Flood Control Revolving Fund Program
Application

Section I. APPLICANT INFORMATION

Applicant Name (Requesting Entity):

Applicant email:

Elected Official (Name and Title):

Address:

City/Town: Zip:

County: Phone: Fax:

Contact Person (Name and Title):

Contact email:

Organization:

Address:

City/Town: Zip:

County: Phone: Fax:

Applicant's Financial Advisor (provide name, email and phone number)

Location of Project (City, County, and street address):

Section II. PROJECT INFORMATION

Describe the Need for the Flood Control Project:
(Information should be presented to define the areas affected by floods; the amount and extent of damages caused by floods; the frequency at which flooding occurs; and the necessity for and desirability of providing protection against flooding. Please attach an engineering feasibility study if one was completed demonstrating this need.)

Four horizontal lines for providing project information.

Demonstrate Need for Money for Undertake the Project:

(Explain why borrowing funds to carry out the project rather than paying for it from Applicant's operating budget; described how long the project improvements are expected to remain functional (i.e., useful life) after project completion.)

Description of the Project:

(Also attach applicable maps, drawings, pictures showing location of improvements and areas protected by the project.)

Provide your plans to fund, operate and maintain the project after its completion (including the funding sources available):

Permits: Have all required state and federal permits been issued? _____

If your project is a stormwater improvement project, have you applied for grant funding under OCRA's Stormwater Improvements Program? _____ (yes/no). If yes, provide the date you applied (_____) and the date you received/expect to receive the grant funding (______). If you have not applied, insert the date you plan to apply for the grant funding. (_____)

Will this project have an impact on the Waters of the United States? ____; if yes, please be aware that by signing this application, the applicant is certifying that they are aware of and will comply with any applicable state and/or federal permitting requirements as it relates to the Waters of the United States.

Provide a project schedule.

Section III. ESTIMATED PROJECT COSTS

Planning \$ _____

Legal Fees _____

Preliminary Engineering \$ _____

Land, Structures, R.O.W., Easements: \$ _____

Construction, Demolition, Equipment: \$ _____

Contingencies: \$ _____

Total Proposed Project Cost: \$ _____

Section IV. LOAN AND ITS REPAYMENT SOURCE

Total Flood Control Revolving Fund Loan Request: \$ _____

Describe any other funding sources planned to be used to pay costs of the Project (SRF, Office of Community and Rural Affairs, Rural Development, local bank, local funds, economic development income tax etc...)

Source(s) planned to be used to repay the Loan (mark as applicable below):

- Yes No – Applicant has a storm water utility created under IC 8-1.5-5 & desires to use its fees to repay this loan. If yes, then please submit: (1) your storm water rate ordinance; (2) worksheets demonstrating the number of ratepayers (separate by class) & the periodic fees each class is required to annually pay; (3) your current year’s budgeted operating expenses; and (4) last 3 completed years of storm water revenues and operating expenses data (if available).
- Yes No – Applicant has a sewage works utility & desires to use its sewage works fees to repay this loan; only mark yes if the flood control project has a functional aspect that benefits and/or protects the sewage works. If yes, then please submit same information as noted above under storm water utility except show sewage works data.
- Yes No – Applicant has a waterworks utility & desires to use its waterworks fees to repay this loan; only mark yes if the flood control project has a functional aspect that benefits and/or protects the waterworks. If yes, then please submit same information as noted above under storm water utility except show waterworks data.
- Yes No – Applicant desires to use another repayment sources than those show above; please list them:

Section IV. 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/Applicant Official)

Printed Name

Title of Authorized Signatory

Date

Return completed form and an additional copy to:
Indiana Finance Authority
State Revolving Fund Loan Program
ATTN: Shelley Love
100 North Senate Avenue Room 1275
Indianapolis, IN 46204

Phone Number: (317) 232-4396
Fax Number: (317) 234-1338
Email: slove@ifaf.in.gov

NOTE: For more information please see the Guidance ([Application Requirements](#)) document.