



DELAWARE CLEAN WATER AND DRINKING WATER STATE REVOLVING LOAN FUNDS

APPLICATION FORM

For

GOVERNMENTAL ENTITIES



DNREC, State of Delaware
Office of the Secretary
Environmental Finance



Delaware Health & Social Services
Division of Public Health

Revised July 2015

INSTRUCTIONS FOR FINANCIAL ASSISTANCE

GOVERNMENTAL ENTITY APPLICANTS

The materials contained in this package provide instructions and forms for an application to the Delaware Clean Water and Drinking Water State Revolving Loan Fund for Governmental Entities. The information provided in this application will be the basis for decisions made by the Delaware Department of Natural Resources and Environmental Control (DNREC) and/or Division of Public Health (DPH).

Upon completing Parts I through IV of the application, submit one (1) signed copy of the Loan Application and an electronic version of the signed loan application and all supporting documentation via electronic storage media, such as a compact disc (CD) or flash drive, to the address shown below.

Environmental Finance
Office of the Secretary
Department of Natural Resources and Environmental Control
State of Delaware
5 East Reed Street, Suite 200
Dover, Delaware 19901-7334

The completed application and all supporting documentation must be received by the date specified in the Environmental Finance (EF) cover letter to ensure that the application is accepted and processed in a timely fashion.

An Adobe version of this application, its instructions, and guidelines are also available on the EF web site:
<http://www.dnrec.delaware.gov/fab/Pages/default.aspx>

The web-based fillable application cannot be emailed from the web page. Please download the form to your computer, complete it, save it, print it, sign it and submit it with the required documentation as detailed in the instructions and above.

For applicants to the Clean Water State Revolving Fund, please review programmatic and financial requirements of the 2014 Water Resources Reform and Development Act (WRRDA) that may apply to your CWSRF project or loan found in Appendix E. Contact the EF office at 302-739-9941 for assistance.

Part I. General Information

This part provides general information about the applicant, the proposed project, the amount of funding sought and the proposed loan security. Be sure to sign the certification (Item 13).

Part II. Financial Information

This part provides financial information which enables the DNREC and DPH to perform an analysis of the applicant's financial status, the impact of the project on customers and the applicant's ability to repay the loan. If additional space is needed, provide it on additional sheets indicating the part and the question and attach it to the application. If the responses may be found in your annual report or other document, please make reference to the specific applicable section(s) and include a copy thereof with the application. Please include electronic formats of the following documents with your application:

1. Town, Municipal or County Charter
2. The most recent budget.
3. Current and proposed user rate schedule.
4. Most recent bond rating (if applicable)
5. The three (3) most recently completed audits

Part III. Statistical Data

This part provides statistical data about current service areas and the impact of the proposed project. Answer the questions in the spaces provided. If extra space is needed attach additional sheets with the information (indicating the part and the question) to the application.

Part IV. Planning and Engineering Information

This part provides information about the status of the proposed project and the readiness of the applicant to proceed. Answer the questions in the space provided and submit additional supporting documentation required for the specific project category type that funding is being requested for, such as the Preliminary Engineering Report (PER), Drinking Water Capacity Development Report and Environmental Information Document (EID), with the application. Please refer to the documents listed in the Appendix for guidelines in the preparation of the PER, Drinking Water Capacity Report, the EID, and selection of the project category type.

Appendix - Guidelines

- A. Preliminary Engineering Report (PER) Guidelines
- B. Drinking Water Capacity Development Report Guidelines
- C. Environmental Information Document (EID) Guidelines
- D. Project Category Types
- E. 2014 Water Resources Reform and Development Act (WRRDA) Programmatic and Financial Requirements

**DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL DELAWARE
ENVIRONMENTAL FINANCE
&
DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH**

PART I. GENERAL INFORMATION

1. Applicant

<i>Name of Entity:</i>			
<i>Address:</i>			
<i>City, State & Zip:</i>			
<i>Phone Number:</i>			
<i>Fax Number:</i>			
<i>EIN#:</i>		<i>DUNS#:</i>	
<i>Type of Organization (Municipal, County, Other):</i>			

2. Project Title

3. Project Category (Please check all applicable types — see appendix D for guidelines)

Drinking Water:

CWA 212:

CWA 319:

CWA 320:

Green Project Reserve:

Land Conservation:

4. Project Description (Attach separate sheet if necessary)

8. Primary Contact

<i>Name and Title:</i>	
<i>Address:</i>	
<i>City, State & Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	
<i>Email:</i>	

9. Consulting Engineer

<i>Name and Title:</i>	
<i>Firm Name:</i>	
<i>Address:</i>	
<i>City, State & Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	
<i>Email:</i>	

10. Legal Counsel

<i>Name and Title:</i>	
<i>Firm Name:</i>	
<i>Address:</i>	
<i>City, State & Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	
<i>Email:</i>	

11. Applicant’s Authorized Official’s Contact Information and Certification

I certify the information that is contained in this application and on all attachments to this application are true and correct to the best of my belief and knowledge. I certify that I am legally authorized to sign, date and submit this application on behalf of the applicant. I understand that the State may verify the information provided and that untruthful or misleading information may be cause for rejection of this application. The undersigned also agrees to clarify or supplement information pertaining to this application upon request.

<i>Name:</i>	
<i>Title:</i>	
<i>Address:</i>	
<i>City, State & Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	
<i>Email:</i>	

Signature: _____ *Date:* _____

PLEASE INCLUDE A COPY OF THE ENABLING AUTHORIZATION TO ACT ON BEHALF OF YOUR ORGANIZATION

PART II. FINANCIAL INFORMATION

1. Project Budget

a. Administration	\$
i. Land, Right of Way	\$
ii. Legal	\$
b. Engineering	\$
i. Basic	\$
ii. Project Inspection	\$
iii. Other	\$
c. Construction	\$
i.	\$
ii.	\$
iii.	\$
iv.	\$
d. Other	\$
i.	\$
ii.	\$
iii.	\$
e. Contingencies	\$
Total	\$

2. Annual Estimated Costs for the Proposed Facilities

a. Labor	\$
b. Utilities	\$
c. Materials/Equipment	\$
d. Contractual Services	\$
e. Miscellaneous Expenses	\$
Total	\$

3. Total Estimated Annual Facility Costs

a. Annual O, M & R for the Existing Facilities	\$ _____
b. Existing Annual Debt Service	\$ _____
c. O, M & R Costs for the New Facility	\$ _____
d. Debt Service for the New Facility	\$ _____
Total Estimated Annual Costs	\$ _____

4. Sources of Revenue as a Percentage of Total Revenue

Sewer:

a. Residential Share: _____ % Industrial/Commercial Share: _____ %

Water:

b. Residential Share: _____ % Industrial/Commercial Share: _____ %

5. Proposed Source of Revenue to Cover Cost of Existing and Proposed Facilities (average annual cost per EDU)

a. Service Charge (Sewer)	\$ _____
b. Service Charge (Water)	\$ _____
c. Impact Fees (Water)	\$ _____
d. Impact Fees (Sewer)	\$ _____
e. Other (describe below)	\$ _____
Total	\$ _____

PART III. STATISTICAL DATA

1. Service Area and Connections

Service Area Jurisdictions	Number of Residential Connections		Number of Projected Residential Connections at Completion of Construction		Number of Projected Residential Connections 5 Years from Completion	
	Metered	Unmetered	Metered	Unmetered	Metered	Unmetered

- a. Existing Wastewater Flow _____ MGD (Annual Average)
 - i. Residential Flow _____ MGD
 - ii. Industrial/Commercial Flow _____ MGD
- b. Existing Drinking Water Flow _____ MGD (Annual Average)
 - i. Residential Flow _____ MDG
 - ii. Industrial/Commercial Flow _____ MGD

2. Ten Largest Users of the Sewer and/or Water System

	<i>User</i>	<i>Monthly Flow (Gallons)</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

3. Rates

- a. Describe the procedures for setting and increasing water and/or wastewater rates for the system

Comment:

- b. When was the last rate change made

- i. Water _____

- ii. Sewer _____

- c. Are there any rate increases being proposed to assist in retiring the new debt service and other cost (OM&R) associated with the proposed project? If so, what rates are being considered

- i. Water \$ _____

- ii. Sewer \$ _____

- d. Existing average monthly charge per EDU for

- i. Water \$ _____

- ii. Sewer \$ _____

- iii. Average Front Footage Charge (if applicable) \$ _____

- iv. Average Front Footage Charge per Residential EDU (if applicable) \$ _____

4. Population

a. Data Source: _____

Year: _____ Town: _____ County: _____

5. Median Household Income

a. Data Source: _____

Year: _____ Town: _____ County: _____

6. Ten Largest Employers, Type of Business and Number of Employees in the Service Area

	<i>Name of Individual/Firm</i>	<i>Type of Business</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

7. Tax Base for the Previous Five Years

<i>Year</i>	<i>Assess Value of Property</i>	<i>Appraised Value if Different</i>	<i>Tax Rate</i>	<i>Total Tax Levy</i>
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

8. Residential Population

Population	Currently Connected Area	Population Impacted by the Project	Projected Population Five Years from Now
Permanent			
Seasonal			

PART IV. PLANNING AND ENGINEERING INFORMATION

1. Project Status

- a. Status of Plans and Specifications: (% Complete) _____
- b. Status of CPCN Rights: _____
- c. Permits and Permit Status
 - i. NPDES DE No.: _____
 - ii. Spray Irrigation: _____
 - iii. Other (please specify)

2. Planning Information

- a. Does this assistance require local, state, regional, or other planning approval? Yes No
If yes, Approving Agency

- b. Is the approved project located in an area covered by an approved comprehensive plan? Yes No
If yes, does the project conform to the plan? Yes No

3. Describe briefly public health, environmental and safety problems which exist; and explain how the project addresses the problem. (Attach separate sheet if necessary)

4. Describe briefly how the project will provide environmental and/or public health protection. (Attach separate sheet if necessary)

5. Will this project encourage consolidation of small systems or a regional approach to the treatment of wastewater and/or treatment and distribution of drinking water

Yes No If yes, how? (Attach separate sheet if necessary)

6. Proposed Schedule

Item	Date (MM/YYYY)
Submittal of Engineering Documents	_____
Submittal of Final Plans	_____
Plans and Specs Approval	_____
Advertise for Bids	_____
Award Contracts	_____
Start Construction	_____
Complete Construction	_____
Initiate Operations	_____