



**DELAWARE CLEAN WATER AND DRINKING WATER STATE REVOLVING LOAN FUNDS**

**APPLICATION FORM**

**For**

**PRIVATE & NON-PROFIT ENTITIES**



DNREC, State of Delaware  
Office of the Secretary  
Environmental Finance



Delaware Health & Social Services  
Division of Public Health

Revised June 2018

## INSTRUCTIONS FOR FINANCIAL ASSISTANCE

### PRIVATE AND NON-PROFIT ENTITIY 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 Funds for Private and Non-Profit 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 and II 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  
97 Commerce Way, Suite 106  
Dover, Delaware 19904-7794

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. Applications will not necessarily be processed in Project Priority List Ranking order.

An Adobe version of this application, its instructions, and guidelines are also available on the FAB 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 Deelopment Act (WRRDA) that may apply to your CWSRF project or loan found in Appendix E. Contact the EF 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. This financial information 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. Attach a letter describing the history and description of the applicants business
2. Applicant's Articles of Incorporation and Organizational Chart.

3. Copy of current year financial statements and/or three (3) most recently completed audits and/or signed tax return.
4. Projections of revenue and expenses for the balance of the current fiscal year and the next succeeding twelve month period. The budget projections must include the issuance of any new debt and/or anticipated borrowing needs over the next twenty four month period other than the SRF loan.
5. Completed copy of attached "Request for Tax Liability Clearance" form.
6. Completed copy of attached "List of All Outstanding Obligations" form.
7. Completed copy of attached "Authorization to Release Information" form.
8. List of the five largest customers. (Include name, address, telephone number, and contact person.)
9. List of the five largest suppliers. (Include name, address, telephone number, and contact person.)
10. Schedule of property owned and/or mortgaged if not shown in fiscal financial statement.
11. List of affiliates and subsidiaries of the applicant if not listed in the application.
12. Explanation of any contingent liabilities or litigation.

Be sure to sign the certification.

## **Part II. 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 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:</i>	
<i>Address:</i>	
<i>City, State &amp; Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	

**2. Type of Organization**

EIN Number: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

Corporation:                      Sole Proprietorship:                      Partnership:

Limited Liability Company:                      Non-Profit:

Is the applicant a subsidiary or direct affiliate of any other organization?      Yes                      No

If yes, indicate name, address, and tax identification of the related organization and the relationship below or on separate sheets of paper

**3. Project Title** \_\_\_\_\_

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

*Drinking Water:*                                      *CWA 212:*                                      *CWA 319:*  
*CWA 320:*

**5. Project Description** (Attach separate sheet if necessary)



**9. Primary Contact**

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

**10. Consulting Engineer**

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

**11. Legal Counsel**

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

**12. Officers, Directors, and Partners**

- a. List all officers, directors, and partners of the applicant. Use additional sheets, if necessary, and attach them to the application.

<i>Name:</i>	
<i>Office Held/Position &amp; % Ownership:</i>	
<i>Address:</i>	
<i>City, State &amp; Zip:</i>	

<i>Name:</i>	
<i>Office Held/Position &amp; % Ownership:</i>	
<i>Address:</i>	
<i>City, State &amp; Zip:</i>	

<i>Name:</i>	
<i>Office Held/Position &amp; % Ownership:</i>	
<i>Address:</i>	
<i>City, State &amp; Zip:</i>	

- b. Has the applicant or any of the persons or entities above, to the knowledge of the applicant:

	Yes	No
1. Been charged with, convicted of, a plaintiff in, or entered a plea of guilty to any criminal or civil offense other than a minor motor vehicle violation?	_____	_____
2. Been or is now subject to or has pending, any disciplinary action by any administrative, governmental, or regulatory body?	_____	_____
3. Been or is now disbarred, suspended, or disqualified from contracting with any federal, state, or municipal agency?	_____	_____
4. Been or is now in receivership, insolvency, reorganization, or adjudicated bankruptcy?	_____	_____

If the answer is "Yes" to any question above, furnish details on a separate sheet(s) and attach it to the application.

### 13. 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 &amp; Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	
<i>Email:</i>	

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

<p><b>PLEASE INCLUDE A COPY OF THE ENABLING AUTHORIZATION TO ACT ON BEHALF OF YOUR ORGANIZATION</b></p>
---



**PART II. 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    Yes            No  
comprehensive plan?  
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	_____

## 7. 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	\$
<b>Total</b>	<b>\$</b>

**STATE OF DELAWARE**  
**DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL**  
**REQUEST FOR TAX LIABILITY CLEARANCE**

Internal Use Only
Application No.: _____
Date: _____

Please Type or Print in Ink All Applicable Information

Business Name	
Street Address	
City, State and Zip Code	
Phone Number at Business Location	Federal ID Number
Type of Business (Check one)	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company	

List names, home addresses, birth dates and social security numbers of all owners (including majority or controlling share holders) partners, or executive officers of corporation or business, hereinafter called principals. (Use back of form if additional space is required.)

Name	Title	Birth Date (Month, Day, Year)
Address		Social Security Number
Name	Title	Birth Date (Month, Day, Year)
Address		Social Security Number

Do you now, or did you ever, hold any of the following licenses or permits from the State of Delaware? If yes, list appropriate license numbers.

A. Corporation Tax Box No.	B. Sales and Use Tax License No.	C. Cigarette Tax License No.
D. Alcoholic Beverage Tax Permit No.	E. Liquid Fuels Tax License No.	F. Fuel Dealer User Tax License No.

**CERTIFICATION (TO BE SIGNED BY EACH PRINCIPAL)**

I/We, an authorized agent of this business, hereby authorize the Delaware Division of Revenue to release to the requesting State of Delaware agency return information pertaining to the above-mentioned entities past and present non-compliance with the State of Delaware's tax laws. If the entity is a proprietorship or partnership, this authorization will include the principals' past and present non-compliance with the State of Delaware tax laws.

If business entity is a partnership or sole proprietorship, this may include Personal Income Tax return information.

It is understood that this authorization is a condition to receiving funds and/or contracts from the State of Delaware and that any information released by the Division of Revenue will only be used for evaluation purposes.

(Use back of form if additional signatures are required.)	Signature: _____	Date: _____
	Signature: _____	Date: _____

INTERNAL USE ONLY

<input type="checkbox"/> No Outstanding Tax Liability		<input type="checkbox"/> Outstanding Tax Liability	
Tax System	License Number	Total Enforceable Liability	Non Filed Periods

Signed \_\_\_\_\_ for the Division of Revenue      Date \_\_\_\_\_

## LIST OF ALL OUTSTANDING OBLIGATIONS

(Notes, Mortgages, and Accounts Payable)

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
*(Same as interim financial statement.)*

COLLATERAL/SECURITY	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	CURRENT OR DELINQUENT	MONTHLY PAYMENT	MATURITY DATE	CREDITOR Name/Address

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 The information contained in this schedule is a supplement to your balance sheet and should balance to the liabilities presented on that form.

**AUTHORIZATION TO RELEASE INFORMATION  
(Private and Non-Profit)**

1. I/We authorize you to provide to DNREC/Financial Assistance Branch any and all information and documentation that they request. Information requested may include, but is not limited to, employment history, account status, account balances, and credit history. Any information obtained will be used to evaluate my loan application.
  
2. This authorization may also be used to obtain Credit Reports.
  
3. A copy of the authorization may be accepted as an original.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date