|  |
| --- |
| **If this is an update to a Project Information Form (PIF) submitted in a previous fiscal year, or to a project that has received funding for planning, acquisition, and/or design phases in a previous year, please complete the applicable project update form(s) located here:** [**Update Forms**](http://www.twdb.texas.gov/financial/programs/pif.asp)**.** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | |  | |
| **Section 1. GENERAL INFORMATION** | | | | | | | | | | | | |
| **Please Indicate the State Fiscal Year (SFY) for this PIF:** | | | | | **For SFY 2020 IUP** (Ends Aug. 31, 2020) |  | | **For SFY 2021 IUP** (Begins Sep. 1, 2020) | |  | | |
| **Name of Entity**  (City, Town, County, District, PWS, WSC, etc.) | | | | | **County** | | | | | | | |
|  | | | | |  | | | | | | | |
| **Public Water System (PWS) ID No.** | | | | | **Certificate of Convenience & Necessity (CCN) No.** | | | | | | | |
| TX | | | | |  | | | | | | | |
| **Name of Project**  (Provide a brief name for this project.) | | | | | **Proposed Total Project Costs**  (Section 10, Line P.) | | | | | | | |
|  | | | | |  | | | | | | | |
| **Entity Contact Information** | | | | | **Engineering Firm Contact Information** | | | | | | | |
|  | | | | | **Name of Firm** | |  | | | | | |
| **Contact Person** |  | | | | **Contact Person** | |  | | | | | |
| **Title & Department** |  | | | | **Title & Department** | |  | | | | | |
| **Mailing Address** |  | | | | **Mailing Address** | |  | | | | | |
| **Phone Number** |  | | | | **Phone Number** | |  | | | | | |
| **Email Address** |  | | | | **Email Address** | |  | | | | | |
|  | | | | | | | | | | | | |
| **Section 2. SERVICE AREA INFORMATION** | | | | | | | | | | | | |
| **Attach and submit a map of the entity’s current and, if applicable, proposed service area. The map of the service area must be overlaid by a map of the census boundaries in the service area.** | | | | | | | | | | | | |
| To determine population served indicate the number of people who reside within the service area of, or receive wholesale or retail water service from, the entity based on the most recent [American Community Survey (ACS) 5-year Estimates](https://data.census.gov/cedsci/?q=&g=) or the most recent ACS 5-year data found in [Census Data Search (WRD-284)](http://www.twdb.texas.gov/financial/instructions/doc/WRD-284.docx). | | | | | | | | | | | | |
| For an **unincorporated area** (e.g., a county, district, river authority, system, or corporation) provide a table that 1) identifies the number of household connections within each census track or block group that covers the entity’s service area and 2) prorates the population accordingly. See example table in [Census Data Search (WRD-284)](http://www.twdb.texas.gov/financial/instructions/doc/WRD-284.docx). | | | | | | | | | | | | |
| **Population Served** | |  | | | **Total Household Connections** | | | |  | | | |
|  | | | | | | | | | | | | |
| **Section 3. PROJECT CATEGORY** | | | | | | | | | | | | |
| **Check the ONE category that best describes the project. Projects that involve multiple categories must be submitted separately.** | | | | | | | | | | | | |
| **Public Water System (PWS)** | | |  | **Source Water Protection**  Must also submit Form DW-010. | | | | | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Entity:** |  | **PWS ID No.:** | TX |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 4. PROJECT DESCRIPTION** | | | | | | | | |
| **Briefly describe the proposed project and how it will address the items in Section 5 to which the entity responds “Yes.” A project may consist of one or more projects that are intended to address specific system conditions.** | | | | | | | | |
| **Current Health and Compliance Factor and/or Maximum Contaminant Level (MCL) Violations and Physical Deficiencies** | | | | **Proposed Project Description** | | | | |
|  | | | |  | | | | |
| **Urgent Need. If the entity is requesting Urgent Need funding, please provide a description of circumstances that justify urgent need support, and a timeline of expected project activity.** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **Section 5. RATING CRITERIA FOR PWS PROJECTS** | | | | | | | | |
| * PWS projects: Fill out Section 5. * Source Water Protection projects: Proceed to Section 6. | | | | | | | | |
| **Total Storage Capacity** (in gallons) | | |  | | **Total Production Capacity** ( MGD) | |  | |
|  | | | | | | | | |
| **Attach any documentation that supports the responses to the following questions.** (Refer to TCEQ notice of violation letter, if applicable.) | | | | | | **Yes** | | **No** |
| **A.** | Has the entity’s system experienced documented instances of water contaminants exceeding the primary or secondary maximum contaminant level (MCL)? | | | | |  | |  |
| **B.** | Has the entity’s system experienced documented outages in the water distribution system? | | | | |  | |  |
| **C.** | Is the system’s documented water production capability less than 85% of the minimum required by the Texas Commission on Environmental Quality (TCEQ)? | | | | |  | |  |
| **D.** | Is the system’s documented treated water storage capacity less than 85% of the minimum required by TCEQ (including total storage, elevated storage, and/or pressure tank)? | | | | |  | |  |
| **E.** | Has the system experienced distribution system disinfection residuals of less than 0.2 mg/l free chlorine or 0.5 mg/l chloramines as applicable? | | | | |  | |  |
| **F.** | Has the system experienced documented instances of water distribution pressures: | | | | | **Yes** | | **No** |
|  | **1.** | less than 20 pressure per square inch (PSI)? | | | |  | |  |
|  | **2.** | less than 35 pressure per square inch (PSI)? | | | |  | |  |
| **G.** | Is the system experiencing documented water distribution losses of greater than 25%? | | | | |  | |  |
|  | | | | | | | | |
| **Benefits to Other Public Water Systems – Consolidation Projects** | | | | | | **Yes** | | **No** |
| **H.** | Will the proposed project benefit any other public water systems (i.e., one the entity is currently serving or proposes to serve)?   * If **“Yes,”** the entity must also submit the Consolidation Project Worksheet (DW-009) for each water system that will benefit from this project. * If **“No,”** proceed to Section 6. | | | | |  | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 6. RATING CRITERIA FOR ALL PROJECTS – EFFECTIVE MANAGEMENT** | | | | | | |
| **Note:** Information that is not submitted as requested will not be considered. | | | | | | |
| **A.** | **Asset Management** | | | **Yes** | | **No** |
|  | **1.** | **a.** In the past 5 years, has an asset management plan been adopted by the entity’s governing body that incorporates an inventory of all assets, an assessment of the criticality and condition of the assets, a prioritization of capital projects needed, and a budget?  If **“Yes,”** attach 1) the cover page and table of contents of the entity’s adopted or approved asset management plan and 2) the highlighted pages from the plan that clearly identify each of the above referenced elements.  **Note:** A Capital Improvement Plan (CIP) alone does not constitute an asset management plan. | |  | |  |
|  |  | **b.** If **“No”** to Question A.1.a., is the entity planning to prepare an asset management plan as part of the proposed project? If so, include language in the Project Description (Section 4) that states this. | |  | |  |
|  | Assistance with establishing an asset management plan is offered through TCEQ’s Financial, Managerial, and Technical (FMT) contract. Contact TCEQ, at 512-239-4691 or [fmt@tceq.texas.gov](mailto:fmt@tceq.texas.gov) to schedule a meeting. | | | | | |
|  | **2.** | Has asset management training been administered to the entity’s governing body and employees?  If **“Yes,”** attach the following information for each trainee: name, title/position, date of training, course name, and name of organization that conducted the training. | |  | |  |
| **B.** | **Water Conservation** | | | **Yes** | | **No** |
|  | Does the proposed project address specific targets, goals, or measures in a water conservation or drought contingency plan that has been adopted by the entity’s governing body within the past five years? | | |  | |  |
|  | If **“Yes,”** 1) list the targets, goals, or measures to be supported; 2) describe how they will be addressed by the proposed project; | |  | | | |
|  | AND 3) attach the cover page, table of contents, and highlighted pages from the plan that clearly identify the project-related targets, goals, or measures.   * For questions regarding water conservation plans, contact [wcpteam@twdb.texas.gov](mailto:wcpteam@twdb.texas.gov) or 512-463-7988, or visit the Municipal Water Conservation Plans web page at [www.twdb.texas.gov/conservation/municipal/plans/index.asp](http://www.twdb.texas.gov/conservation/municipal/plans/index.asp). * Information on drought contingency planning can be found online at <https://www.tceq.texas.gov/permitting/water_rights/wr_technical-resources/contingency.html>. * **Note**: Entities seeking financial assistance in excess of $500,000 must submit a water conservation plan during the application phase. | | | | | |
| **C.** | **Reclaimed Water** | | | **Yes** | | **No** |
|  | Does the proposed project involve the use of reclaimed water? | | |  | |  |
|  | If **“Yes,”** describe how: | |  | | | |
| **D.** | **Energy Efficiency** | | | | **Yes** | **No** |
|  | Does the proposed project address a specific goal(s) in a system-wide or plant-wide energy assessment, audit, or optimization study that has been conducted within the past three years?  If **“Yes,”** attach the highlighted pages from the energy assessment, audit, or optimization study that clearly identify the goals to be addressed by the project. | | | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 6 (Continued). RATING CRITERIA FOR ALL PROJECTS – EFFECTIVE MANAGEMENT** | | | |
| **E.** | **Implementation of Water Plans** | **Yes** | **No** |
|  | Does the proposed project implement elements contained in a state or regional water plan, watershed protection plan, integrated water resource management plan, regional facility plan, regionalization or consolidation plan, finalized Economically Distressed Areas Program (EDAP) facility plan, or a total maximum daily loads (TMDL) implementation plan? |  |  |
|  | If **“Yes,”** 1) list the plan name and sponsor; 2) list the elements of the plan to be implemented; |  | |
|  | AND 3) attach the cover page, table of contents, and highlighted pages featuring the relevant information from the plan that clearly identifies the element(s) to be implemented. | | |
| **Section 7. GREEN PROJECT INFORMATION** | | | |
| For assistance in responding to this section, see the DWSRF Green Project Information Worksheets (TWDB-0163) available online at  [www.twdb.texas.gov/financial/instructions/doc/TWDB-0163.pdf](http://www.twdb.texas.gov/financial/instructions/doc/TWDB-0163.pdf) | | **Yes** | **No** |
| Does the proposed project contain, either partially or completely, green elements as defined by the Green Project Information Worksheets? | |  |  |
| If **"No,"** proceed to Section 8. If **"Yes,"** proceed to Question 7.B. | | | |
| Enter the estimated cost of the green portion of the proposed project. | |  | |
| Describe and justify in the space below the green elements of the proposed project and, if available, attach a green business case. **Note:** The field below will expand the more text that is added. | | | |
|  | | | |
| **Section 8. REFINANCING** | | | |
| DWSRF funds may be used to refinance projects that have been completed utilizing other funding sources outside of TWDB. | | | |
|  | | **Yes** | **No** |
| Will DWSRF funds be used to refinance existing debt related to this project and received from a source other than the TWDB? | |  |  |
| **Section 9. READINESS TO PROCEED** | | | |
| 1. **Permitting** | | **Yes** | **No** |
| Have all applicable permitting aspects of the project, including acquisition of water rights and/or Certificate of Convenience and Necessity (CCN), or TCEQ approval and completion of piloting been achieved?   * If **“Yes,”** please provide the permit name(s) * If **“No,”** identify in the space below each federal, state or local permit, license or other authorizations needed for the project and the status of each. | |  |  |
|  | | | |
| **B. Land Acquisition** | | **Yes** | **No** |
| Have all land acquisitions and easements necessary to complete the project been obtained? | |  |  |
| If **“No,”** please explain in the space below and provide an anticipated completion date. | | **Completion Date** (mm/dd/yyyy) | |
|  | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 9 (Continued). READINESS TO PROCEED** | | | | | | | |
| **C. Design** | | | | | | **Yes** | **No** |
| 1. Have you completed the design process including full development of plans and specifications? (If **“No,”** proceed to Question 2. If **“Yes,”** proceed to Question 4.) | | | | | |  |  |
| **2**. Has design work **progressed beyond preliminary design**? If so, please provide the completion date. Completed preliminary design documents must consist of the following:   * Design criteria, preliminary drawings, outline of specifications, written descriptions of the project, and updated opinion of probable cost. * Project Sites are plotted on site maps, the site has been surveyed, geotechnical analysis of the site is complete, facility sizing is complete, and process schematics are complete. | | | | | |  |  |
| * For rehab projects, the above is complete, meaning the details as to what linework portions and what plant components to be rehabbed are well defined. | | | | **Completion Date** (mm/dd/yyyy) | | | |
| **3**. Will design work be initiated after the TWDB releases design funds for this project? | | | | | |  |  |
| **4**. For membrane plants, Surface Water Treatment Plant (SWTP), water wells, treatment changes, or intake structures, has TCEQ approved plans and specs? | | | | | |  |  |
| N/A | |
| **D. Environmental Review** | | | | | |  |  |
| Only answer “Yes” to **ONE** of the following four questions: | 1. Have you received a Finding of No Significant Impact (FNSI), Categorical Exclusion (CE), a Record of Decision (ROD), or an environmental determination prepared by another entity in compliance with the National Environmental Policy Act (NEPA) for this project? For projects that may qualify for a FNSI, please review [31 TAC §371.44](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=31&pt=10&ch=371&rl=44); or that require a CE, review [31 TAC §371.43](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=31&pt=10&ch=371&rl=43); or that require a ROD, review [31 TAC §371.49](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=31&pt=10&ch=371&rl=49); or that have a determination by another entity, review [31 TAC §371.51](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=31&pt=10&ch=371&rl=51). | | | | |  |  |
| If “**Yes**,” provide Issuer (Agency) and date of issuance(s): | | **Issuer** | | **Date of Issuance** (mm/dd/yyyy) | | |
| 1. If an environmental finding has not been issued, does your project meet the criteria to receive Categorical Exclusion as defined at [31 TAC §371.42](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=31&pt=10&ch=371&rl=42)? | | | | |  |  |
| 1. Can you submit an environmental report with the completed loan application that documents coordination with agencies has proceeded sufficiently to determine that no major issues remain? | | | | |  |  |
| 1. Will the environmental review be initiated after the TWDB releases planning funds for this project? | | | | |  |  |
| **E. Construction Phase** (Estimated start date for first contract and estimated completion date for last contract) | | **Start Date** (mm/dd/yyyy) | | **Completion Date** (mm/dd/yyyy) | | | |
| **F. Project Bidding and Contracts** | | | | | |  |  |
| Will the proposed project be ready to advertise for construction bids immediately following a funding commitment for construction costs? | | | | | |  |  |
| If you are seeking reimbursement for eligible planning and/or design costs, was the work performed in compliance with applicable state law and federal crosscutters, including procurement following Disadvantaged Business Enterprise (DBE) requirements? For more information on DBE, please visit <http://www.twdb.texas.gov/financial/programs/DBE/index.asp>. | | | | | |  |  |
| N/A | |
| How many months will it take to close the loan after receiving a funding commitment? Projects deemed ready to proceed to construction must be able to expend funds quickly after receiving a funding commitment. | | | | | | Months | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 10. ESTIMATED COSTS** | | | | | | | | | | |
| **Cost Category** | | | **(a) Planning** | **(b) Acquisition** | | | **(c) Design** | **(d) Construction** | | **(e) Total**  (a)+(b)+(c)+(d) |
| **Check the phase(s) for which DWSRF finding is desired** | | |  |  | | |  |  | |  |
| **A.** | Treatment | |  |  | | |  |  | |  |
| **B.** | Transmission and Distribution | |  |  | | |  |  | |  |
| **C.** | Source | |  |  | | |  |  | |  |
| **D.** | Storage | |  |  | | |  |  | |  |
| **E.** | Purchase of System | |  |  | | |  |  | |  |
| **F.** | Restructuring | |  |  | | |  |  | |  |
| **G.** | Land Acquisition | |  |  | | |  |  | |  |
| **H.** | Source Water Protection | |  |  | | |  |  | |  |
| **I.** | Engineering | |  |  | | |  |  | |  |
| **J.** | General, Legal, Financial | |  |  | | |  |  | |  |
| **K.** | Contingency | |  |  | | |  |  | |  |
| **L.** | Other (Describe cost) | |  |  | | |  |  | |  |
|  | |
| **M.** | Subtotal (Add Lines A-L) | |  |  | | |  |  | |  |
|  |  | |  |  | | |  |  | |  |
| **N.** | Financing from Local Funds | |  |  | | |  |  | |  |
| **O.** | Financing from Other Sources | |  |  | | |  |  | |  |
| **P.** | Subtotal, SRF-Funded Amount (Subtract Lines N and O from Line M) | |  |  | | |  |  | |  |
| **Note: A loan origination fee will be applied to any committed loan amount.** | | | | | | | | | | |
|  | | | | | | | | | | |
| **One-Time Commitment** | |  | | | **Multi-Year Commitment** | | | |  | |
|  | | | | | | | | | | |
| **Section 11. AUTHORIZATION AND SIGNATURE** | | | | | | | | | | |
|  | | | | | |  | | | | |
| **Printed Name and Title of Entity’s Authorized Representative** | | | | | | **Telephone Number** | | | | |
|  | | | | | |  | | | | |
| **Signature of Entity’s Authorized Representative** | | | | | | **Date (mm/dd/yyyy)** | | | | |
| If the grand total (Section 10, Line P) is **less than or equal to $100,000**, include:  • Statement establishing the basis for the project cost.  • Signature of system operator. | | | | | | If the grand total (Section 10, Line P) is **greater than $100,000**, include:  • Seal of registered Professional Engineer.  • Signature of registered Professional Engineer. | | | | |
|  | | | | | |  | | | | |

This form must be completed in full to be considered for rating and inclusion in the DWSRF Program IUP. Incomplete forms will prevent projects from being rated.

**For questions, contact:** Issa McDaniel, (512) 463-1706, [issa.mcdaniel@twdb.texas.gov](mailto:issa.mcdaniel@twdb.texas.gov)

A Disadvantaged Community Worksheet must be submitted to be considered for DWSRF Disadvantaged Community Funding. TWDB staff will utilize the information provided on this worksheet to determine if the entity meets the eligibility criteria.

**Note:** Information that is not submitted as requested will not be considered.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1. ELIGIBILITY CRITERIA** | | | | | | | | | | |
| **Eligibility for the entire service area:** The entity’s service area meets the criteria for a disadvantaged community if the Annual Median Household Income (AMHI) for the entity’s service area is less than or equal to 75% of the state’s AMHI (see [Census Data Search (WRD-284)](http://www.twdb.texas.gov/financial/instructions/doc/WRD-284.docx) **and**   1. the household cost factor (HCF) is greater than or equal to 1.0% if the service area is charged for either water or sewer service (whichever is applicable), **or** 2. the household cost factor (HCF) is greater than or equal to 2.0% if the service area is charged for both water and sewer service. | | | | | | | | | | |
| **Eligibility for a portion of service area:** A portion of an entity’s service area meets the criteria for a disadvantaged community if the AMHI for that portion is less than or equal to 75% of the state’s AMHI, **and**   1. the household cost factor (HCF) is greater than or equal to 1.0% if the entire service area is charged for either water or sewer service (whichever is applicable), **or** 2. the household cost factor (HCF) is greater than or equal to 2.0% if the entire service area is charged for both water and sewer service. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Section 2. SERVICE AREA** | | | | | | |  | | |  |
| Indicate whether the entity is pursuing disadvantaged status for either the entire service area or a portion of its service area. For entire service area projects, a map depicting the service area boundaries with major features (highways, census boundaries, city limit boundaries, etc.) **must** be included for eligibility. Entities are allowed disadvantaged eligibility for a portion of a service area if that portion meets annual median household income (AMHI) and household cost factor (HCF) thresholds pursuant to SRF rules. For portion of a service area eligibility, a map depicting the location of proposed new household connections (to existing homes) within the portion of an entity’s service area **must** be included for eligibility. | | | | | | | | Entire Service Area | |  |
| Portion of a Service Area | |  |
|  | | | | | | | | | | |
| **Section 3. SOURCE SOCIOECONOMIC DATA** | | | | | | | | | | |
| **Identify the source(s) for the socioeconomic data to be entered in Section 4.**  Follow the steps in [Census Data Search (WRD-284)](http://www.twdb.texas.gov/financial/instructions/doc/WRD-284.docx) to find data. Census data is based on the most recent available American Community Survey (ACS) 5-year Estimates. | | | | | | | | | | |
| **U.S. Census Bureau Data** | County, City, Town, or Census Designated Place: | | | | Most recent (5-year) ACS 1 | | | | |  |
| The prior (5-year) ACS (for Population) 1 | | | | |  |
| Incongruous Census and Service Area Boundaries | | | | Summary File 5-yearblock group data:  Must provide a table that shows prorated data according to the example table in [Census Data Search (WRD-284)](http://www.twdb.texas.gov/financial/instructions/doc/WRD-284.docx). | | | | |  |
| **TWDB-Approved Survey** | An entity must submit documentation that substantiates the inadequate or absent census data that led to the need to conduct a survey. All entities must obtain prior approval to use survey data instead of the most recent available American Community Survey data. Previously completed surveys, including surveys completed for funding from other sources, will be rejected if they do not follow survey methods listed in the latest version of the [Socioeconomic Survey Guidelines (WRD-285)](http://www.twdb.texas.gov/financial/instructions/doc/WRD-285.pdf). An approved survey may be considered valid for the five (5) year period (60 months) prior to the date the TWDB receives the Project Information Form. | | | | | | | | |  |
| Date of Survey: | |  | | | | | | | |
| **Section 4. SOCIOECONOMIC DATA** | | | | | | | | | | |
| **Annual Median Household Income (AMHI)** | |  | | **Unemployment Rate (UR)** | | | | |  | |
| **Average Household Size (AHS)** | |  | | **Population** | | **Prior (5-year) ACS 1** | | |  | |
|  | | | | | | **Current (5-year) ACS 1** | | |  | |
| 1 Population: for SFY 2020 use 2009-2013 as Prior and 2013-2017 as Current; for SFY 2021 use 2010-2014 as Prior and 2014-2018 as Current | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 5. AVERAGE ANNUAL WATER AND SEWER COSTS** | | | | | | | | | | | | | |
| Using the Average Household Size entered in Section 4 and the entity’s current rate structure, calculate the entity’s average annual water and sewer costs. This information will be factored into the entity’s affordability calculations. | | | | | | | | | | | | | |
| **Average Monthly Water Flow per Household** | | | | | | | **Average Monthly Sewer Flow per Household** | | | | | | |
| **A.** | Avg. monthly gallons per person | | | | | **2,325** | **L.** | Avg. monthly gallons per person | | | | | **1,279** |
| **B.** | Avg. household size (for the entire service area) | | | | |  | **M.** | Avg. household size (for the entire service area) | | | | |  |
| **C.** | Avg. monthly water flow per household (A×B) | | | | |  | **N.** | Avg. monthly sewer flow per household (L×M) | | | | |  |
| **Average Monthly Water Bill** | | | | | | | **Average Monthly Sewer Bill** | | | | | | |
| **D.** | Avg. monthly water flow per household (C) | | | | |  | **O.** | Avg. monthly sewer flow per household (N) | | | | |  |
| **E.** | Initial base water rate (first | | |  | gallons) |  | **P.** | Initial base sewer rate (first |  | gallons) | | |  |
| **F.** | Additional rate (each addtl. | | |  | gallons) |  | **Q.** | Additional rate (each addtl. |  | gallons) | | |  |
| If system utilizes a tiered billing structure, attach additional rates with this worksheet. Base Line H on tiered structure. | | | | | | | If system utilizes a tiered billing structure, attach additional rates with this worksheet. Base Line S on tiered structure | | | | | | |
| **G.** | Other charges (e.g., taxes, surcharges, or other fees) used to subsidize the water system | | | | |  | **R.** | Other charges (e.g., taxes, surcharges, or other fees) used to subsidize the sewer system | | | | |  |
| **H.** | Calculate avg. monthly water bill | | | | |  | **S.** | Calculate avg. monthly sewer bill | | | | |  |
| **Average Annual Water Bill** | | | | | | | **Average Annual Sewer Bill** | | | | | | |
| **I.** | Avg. monthly water bill (H) | | | | |  | **T.** | Avg. monthly sewer bill (S) | | | | |  |
| **J.** | Number of months in a year | | | | | 12 | **U.** | Number of months in a year | | | | | 12 |
| **K.** | Avg. annual water bill (I×J) | | | | |  | **V.** | Avg. annual sewer bill (T×U) | | | | |  |
| **Section 6. ANNUAL LOAN COST** | | | | | | | | | | | | | |
| Using the current market rate of 2.40% (as of December 2019) and a financial assistance term of 20 years, amortize the requested grand total and submit a copy of the amortization schedule with this form. This information will be factored into the entity’s affordability calculations. | | | | | | | | | | | | | |
| **W.** | | **Annual payment on SRF loan** (from amortization schedule) | | | | | | | | |  | | |
| **X.** | | **Total household connections** (from Section 2 of Project Information Form) | | | | | | | | |  | | |
| **Y.** | | **Annual loan cost per customer** (W/X) | | | | | | | | |  | | |
| **Section 7. AFFORDABILITY ADJUSTMENTS** | | | | | | | | | | | | | |
| Using the Unemployment Rate and Population Trends based on the ACS 5-year Surveys (Section 4), calculate the Household Cost Factor adjustments for affordability criteria. Unemployment Rate Adjustment may not exceed an HCF increase of 0.75; and Population Adjustments may not exceed an HCF increase of 0.5 | | | | | | | | | | | | | |
| **Z.** | | **Unemployment Rate Adjustments** ( [UR-State**1**/State1] \* 2) (Only use if a positive amount) | | | | | | | | |  | | |
| **AA.** | | | **Population Adjustments** [(Prior Pop.-Current Pop.)/Prior Pop.] \* 6.7 (Only use if positive amount, i.e., a decline) | | | | | | | |  | | |
| Population: for SFY 2020 use 2009-2013 as Prior and 2013-2017 as Current; for SFY 2021 use 2010-2014 as Prior and 2014-2018 as Current | | | | | | | | | | | | | |
| **Section 8. HOUSEHOLD COST FACTOR** | | | | | | | | | | | | | |
| If your utility provides water or sewer service, the minimum required Household Cost Factor (HCF) must be greater than or equal to 1.00%. If your utility provides water and sewer service, the minimum required HCF must be greater than or equal to 2.00%. If the HCF does not meet the minimum required HCF, do not submit this worksheet. | | | | | | | | | | | | | |
| **BB. Household Cost Factor** [(K+V+Y)/AMHI]+Z+AA | | | | | | | | | | | |  | |

**1**State of Texas Unemployment Rate (Most recently available ACS 5-year Estimates) For SFY 2020 use 2013-2017 ACS 5-year and for SFY 2021 use 2014-2018 ACS 5-year

This form is intended to identify other public water systems that would benefit from the proposed project. It specifically applies to all public water systems that the entity owns, currently serves, or proposes to serve.

Submit a form for each public water system affected. The entity must provide written documentation of agreement with the public water systems that it proposes to serve. Incomplete forms may prevent the project from being ranked or may reduce the total number of points that the entity’s project receives.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CURRENT OR PROPOSED SYSTEMS SERVED** | | | | | | | | | |
| **Water System Name** | | | **PWS ID No.** | **Population Served** | | **Number of Connections** | **What % of the system’s water does the entity provide?** | | |
|  | | | TX |  | |  |  | | |
|  | | | | | | | | | |
| **Consolidation Checklist** | | | | | | **Yes** | | | **No** |
| **1.** | | Does the entity currently own this public water system? | | | |  | | |  |
| **2.** | | Does the entity propose to take over ownership of this public water system? | | | |  | | |  |
| **3.** | | Is the entity providing or will it provide water service to this system through an interconnection with the entity’s system? | | | |  | | |  |
| **4.** | | Has the system experienced documented instances of water distribution outages? | | | |  | | |  |
| **5.** | | Has the system experienced distribution system disinfection residuals of less than 0.2 mg/l free chlorine or 0.5 mg/l chloramines as applicable? | | | |  | | |  |
| **6.** | | Is the system’s documented water production capability less than 85% of the minimum required by TCEQ? | | | |  | | |  |
| **7.** | | Is the system’s documented treated water storage capacity less than 85% of the minimum required by TCEQ (including total storage, elevated storage, and/or pressure tank)? | | | |  | | |  |
| **8.** | | Has the system experienced documented instances of water distribution pressures below 20 PSI? | | | |  | | |  |
| **9.** | | Has the system experienced documented instances of water distribution pressures between 20 and 35 PSI? | | | |  | | |  |
| **10.** | | Has the entity’s system experienced documented instances of water contaminants exceeding the primary and secondary Maximum Contaminant Level (MCL)? | | | |  | | |  |
| **11.** | | Is the system experiencing documented water distribution losses of greater than 25%? | | | |  | | |  |
|  | | | | | | | | | |
| **For each “Yes” response to Questions 4-11, indicate the solution proposed by this project.** | | | | | | | | | |
| **Identified Problem**  **(from above checklist)** | | | **Proposed Solution** | | | | | | |
|  | | |  | | | | | | |
|  | | |  | | | | | | |
|  | | |  | | | | | | |
|  | | |  | | | | | | |
|  | | |  | | | | | | |

Public water systems (PWSs) may apply for DWSRF Source Water Protection funds to implement best management practices (BMPs) recommended by TCEQ. To be eligible for consideration, PWSs must be willing to participate in TCEQ’s Source Water Assessment and Protection (SWAP) program. If the entity does not already have an approved source water protection plan, contact TCEQ.

**For questions, contact TCEQ Public Drinking Water Section: 512-239-4691** [pdws@tceq.texas.gov](mailto:pdws@tceq.texas.gov)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **System Information** | | | **Yes** | **No** | |
| 1. | | Does the entity’s PWS have confirmed detections of organic chemicals? |  |  |
| 2. | | Does the entity’s PWS have confirmed detections of nitrates (N) greater than 2 mg/l? |  |  |
| 3. | | Did any of the Contaminant Occurrence, Nonpoint Source, Point Source, or Area of Primary Influence columns of the entity’s Source Water Susceptibility Assessment (SWSA) list a “High” rating for nitrates? |  |  |
| 4. | | Did any of the Contaminant Occurrence, Nonpoint Source, Point Source, or Area of Primary Influence columns of the entity’s SWSA list a “High” rating for any organic chemicals? |  |  |
|  | | | | |
| **System Vulnerability − Groundwater** | | | **Yes** | **No** | |
| 1. | | Does the entity’s groundwater PWS lack sufficient clay (30 feet or more) layers between the ground surface and the top of the aquifer? |  |  |
| 2. | | Does the entity’s groundwater PWS receive a “Low” rating in the Structural Integrity column of the entity’s SWSA? |  |  |
|  | | |  |  | |
| **System Vulnerability − Surface Water** | | | **Yes** | **No** | |
| 1. | Does the entity’s surface water PWS have confirmed organic chemical detections? | |  |  |
| 2. | Does the entity’s surface water PWS have intakes located in a small watershed (i.e., approximately 100 square miles or less)? | |  |  |
|  | | | | |
| **Ability to Implement Best Management Practices (BMPs)** | | | **Yes** | **No** |
| 1. | | Does the entity’s PWS have the ability and authority to implement land use controls including but not limited to ordinances and land acquisition? |  |  |
| 2. | | Does the entity’s PWS have the ability to implement other non-land use controls such as public education, contingency planning, and conducting toxic and/or hazardous waste collection events? |  |  |
| 3. | | Does the entity’s PWS have the ability to plug/cap abandoned water wells within a delineated source water protection area? |  |  |
| 4. | | Does the entity’s PWS have confirmed siting and/or well construction problems listed on the most recent TCEQ sanitary survey, and will the proposed project correct these problems? |  |  |