

|  |  |
| --- | --- |
| Federal Award Matching Funds – Category 3 |  |
| ***Email to*** [***FIF@twdb.texas.gov***](mailto:FIF@twdb.texas.gov)***.*** Include the Applicant’s Name, Abridged Application Number, and Category in the subject line. |  |

**Submittal Instructions:** Please email one indexed, electronic copy to [FIF@twdb.texas.gov](mailto:FIF@twdb.texas.gov). The application must be compiled and submitted in Portable Document Format **(PDF) format**. The PDF **must be searchable**. Include the Applicant’s Name, Abridged Application Number, and Category in the subject line of the email. For applications in excess of 150 MB, please contact [*FIF@twdb.texas.gov*](mailto:FIF@twdb.texas.gov) for submission instructions.

For more information, please email [*FIF@twdb.texas.gov*](mailto:FIF@twdb.texas.gov)*.* Include the Applicant’s Name, Abridged Application Number, and Category in the subject line of the email.

Example email subject line: Applicant Name, Abridged Application 12345, Category 3

Thank you.

|  |
| --- |
| Project information submitted in this application must be consistent with the project’s submitted abridged application; any information that is inconsistent with the project’s ranking in the prioritization list as approved by the board could result in the project loosing prioritization points to the extent that the project may fall below the board-approved funding line. By submitting this Application, you understand and confirm that the information provided is true and correct to the best of your knowledge and further understand that the failure to submit a complete Application by the stated deadline, or to respond in a timely manner to additional requests for information, may result in the withdrawal of the Application without review. |

General Information

|  |
| --- |
| Entity Name |
|  |
| Entity Type |
|  |
| A citation of the law under which the political subdivision operates and was created |
|  |
| Physical Address |
|  |
| Mailing Address |
|  |

|  |  |  |
| --- | --- | --- |
| Primary Contact  Please list the primary project contact for day to day project implementation | Name |  |
| Title |  |
| Phone |  |
| Email |  |
|  | Address |  |

|  |  |  |
| --- | --- | --- |
| Grant Coordinator  Internal  External | Name |  |
| Title |  |
| Phone |  |
| Email |  |
|  | Address |  |

|  |  |  |
| --- | --- | --- |
| Other Contact  Choose one  (Financial Advisor, Legal/Bond Counsel, Project Engineer, etc.) | Name |  |
| Title |  |
| Phone |  |
| Email |  |
|  | Address |  |

|  |  |  |
| --- | --- | --- |
| Other Contact  Choose one  (Financial Advisor, Legal/Bond Counsel, Project Engineer, etc.) | Name |  |
| Title |  |
| Phone |  |
| Email |  |
|  | Address |  |

|  |  |  |
| --- | --- | --- |
| Other Contact  Choose one  (Financial Advisor, Legal/Bond Counsel, Project Engineer, etc.) | Name |  |
| Title |  |
| Phone |  |
| Email |  |
|  | Address |  |

General Project INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Abridged Application Number(s) | |  | | |
| Project Name | |  | | |
| Project Location  (Latitude/Longitude) | |  | | |
| Counties in Project’s Area  List counties where the project is located or providing service | |  | | |
| Category Invited For | | | | |
|  |  | |  |  |
| Category 1  Flood Protection Planning for Watersheds | Category 2  Planning, Acquisition, and Design, Construction / Rehabilitation (All combinations) | | Category 3  Federal Award Matching Funds | Category 4  Measures immediately effective in protecting life and property |

**Statement of Funding**

Please indicate the funding sources anticipated to sufficiently fund the project. Insert the dollar amounts applicable to the sources identified below. Entities may either use its own available funds or borrow FIF funds at 0% for any portion of the required local share not provided through the FIF grant funds. Other funding sources indicated below must be committed/awarded or under consideration by the funding agency. If federal funding is a source, please indicate the specific source and federal disaster number in the box below. While you may propose to use in-kind services on this form, any proposal must receive TWDB’s approval.

|  |  |  |
| --- | --- | --- |
| **Sources of Funding** | **Amount ($)** | **Percent of Total Project Cost** |
| 1. Federal Funding   Disaster Number: |  |  |
| b. Local Contribution  (All cash/loan/bond proceeds/non-federal grant sources **excluding FIF**) |  |  |
| c. In-Kind Contribution (estimated value) |  |  |
| d. TWDB FIF Grant |  |  |
| e. TWDB FIF Loan  Applicants with a loan component **MUST FILL OUT** the loan component questions below |  |  |
| **TOTAL PROJECT COST (*equals a+b+c+d+e*)** |  |  |
| Attach a budget and explanation of funds if needed | Attached  NA | |

Description of Proposed Project - Limit project need and description to one page

|  |
| --- |
| **Project Need:** Description of Project Need:  **Project Description:** Description of Project, including a bulleted list of project elements/components, flood risk evaluation and alternatives considered: |

flood infrastructure fund questions

**Category 3: Federal Award Matching Grants**

*for communities that have received a federal award for flood-related activities contingent on the availability of local matching funds*

1. Attach a map showing project location and delineation of project watershed, conforming to [31 TAC §363.408(b)(4)](https://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=363&rl=408).
2. If the project is a flood control project and project watershed is partially located outside political subdivision making the application, has the applicant submitted an executed Memorandum of Understanding (MOU) relating to the management of the project watershed? Must be approved and signed by all governing bodies of eligible political subdivisions located in the project watershed. (MOU is not required for planning and preparedness)

Yes, Attach Documentation (Template: TWDB-0170)

No

1. Has the applicant acted cooperatively with other eligible political subdivisions to address flood control needs in the area?

Yes, Attach Documentation (Flood Application Affidavit TWDB-0172 or TWDB-0173)

No

1. Have the eligible political subdivisions that would be substantially affected by the proposed flood project participated in the project development process? Providing adequate notice and ample opportunity to any such eligible political subdivision that elects not to participate further would fulfill this requirement, provided evidence of notification is included in the application.

Yes, Attach Documentation (Flood Application Affidavit TWDB-0172, TWDB-0173, or evidence of adequate notification)

No

1. Have these political subdivisions held public meetings (separately or cooperatively) to accept comments on the proposed flood project from interested parties?

Yes, Attach Documentation (Flood Application Affidavit TWDB-0172 or TWDB-0173)

No

1. Will in-kind services be substituted for any part of the local share? [Note: In-kind services may be substituted for any part of the local share, if such services are directly in support of the planning effort, are fully explained and documented in the complete application, and approved as part of the TWDB commitment.]

Yes, Attach Documentation with full explanation of applicant’s in-kind contribution including a description of in-kind services to be provided

No

1. Have the appropriate authorities for the area to be served by the project adopted and continue to enforce floodplain ordinances or orders equivalent to the minimum National Flood Insurance Program (NFIP) standards ([TWDB NFIP Portal](https://www.twdb.texas.gov/flood/insurance/index.asp))?
   1. Yes, attach documentation or provide a link to current Ordinance or Order
   2. No, but this project fulfill additional requirements for participation in the NFIP, please attach explanation. Please describe the plan and the timeline for the community to adopt orders or ordinances prior to disbursement of fund, if selected. If the application is to support development of ordinances or orders equivalent to the minimum requirement of the NFIP, then indicate this as a task in the scope of work and provided explanation.
   3. No
2. Does this funding request include redundant funding for activities already performed and/or funded through another source?

Yes

No

1. Attach a copy of the complete federal award packet or provide the current status of the federal application. Provide any environmental or historical findings and engineering approvals received by Federal entity. [Note: documentation of the federal award packet will need to be submitted prior to Board consideration of a commitment for funding.]
2. If a flood control project, has the applicant conducted an analysis of whether the proposed flood project could use floodwater capture techniques for water supply purposes, including floodwater harvesting, detention or retention basins, or other methods of capturing storm flow or unappropriated flood flow?

Yes, conducted analysis and project could use floodwater capture techniques. Analysis attached.

Yes, conducted analysis and project could not use floodwater capture techniques.

No, this project is not a flood control project.

No, analysis has not been conducted. (please explain)

1. Detailed scope of work, budget, and schedule for the plan or flood mitigation project, including:
   1. project organization,
   2. identification of tasks,
   3. a task and expense budget\*,
   4. a time schedule for completing tasks, and
   5. Other benefits of the project.

\*see attached example task and expense budgets

1. For flood control project, is the Benefit-Cost Ratio (BCR) of the proposed project >1.0?

Yes. Please briefly described the methodology used in attachment

No. Please explain in attachment

1. Legal Documents:
   1. Resolution. Attach the resolution from the governing body requesting financial assistance. (TWDB-0201A)

Attached

* 1. Application Affidavit. Attach the Application Affidavit. (TWDB-0201)

Attached

* 1. Certificate of Secretary. Attach the Certificate of Secretary. (TWDB -0201B)

Attached

1. Assurances related to state funds:
2. Is the applicant prohibited from receiving state funds under Texas Penal Code § 1.10(d) (related to federal laws regulating firearms, firearm accessories, and firearm ammunition)?

Yes  No

1. If the applicant is a city or county and is requesting grant funds: Is the applicant prohibited from receiving state grant funds under Texas Local Government Code § 364.004 (related to public camping bans)?

Yes  No  N/A (not a city or county requesting grant funds)

1. If the applicant is a city or county and is requesting grant funds: Has the applicant been sued by the Attorney General under Local Government Code § 364.003 (related to public camping bans)?

Yes, current posture of the lawsuit: Click or tap here to enter text.

No  N/A (not a city or county requesting grant funds)

1. If the applicant is a city, county, or special district/authority and is requesting grant funds: Is the applicant prohibited from receiving state grant funds under Texas Government Code § 2.103 (related to regulation of firearm suppressors)?

Yes  No

N/A (not a city, county, or special district/authority requesting grant funds)

1. Applicants Consultants. Please attach copies of all draft and/or executed contracts for consultant services to be used by the applicant. If there are any significant scope components that the applicant will be handling in-house, please attach a brief description of those services.
2. **Water Supply Benefit**. If the project includes a water supply benefit, please indicate the following information regarding new supply, new reuse supply, new conservation savings, or increased infiltration capacity or rate.

N/A – no water supply benefit

|  |  |  |
| --- | --- | --- |
|  | **Acre-Feet/Year** | **Capital Cost ($)** |
| **New Supply** |  | **$** |
| *Increase in the total annual volume of water supply.* | | |
| **New Reuse Supply** |  | **$** |
| *Increase in the annual volume of (direct or indirect) reuse water supply.* | | |
| **New Conservation Savings** |  | **$** |
| *Annual volume of anticipated water savings.* | | |
| **Maintenance of Current Supply** |  | **$** |
| *Volume of current supplies that will be maintained.* | | |

Please identify the specific water user group(s) with an identified water supply need that would receive a water supply benefit from this project.

**EXAMPLE TASK AND EXPENSE BUDGETS**

**TASK BUDGET**

|  |  |  |
| --- | --- | --- |
| **TASK** | **DESCRIPTION** | **AMOUNT** |
| 1 | ENTER TASK DESCRIPTION | TASK AMOUNT |
| 2 | ENTER TASK DESCRIPTION | TASK AMOUNT |
| 3 | ENTER TASK DESCRIPTION | TASK AMOUNT |
| 4 | ENTER TASK DESCRIPTION | TASK AMOUNT |
| 5 | ENTER TASK DESCRIPTION | TASK AMOUNT |
| TOTAL |  | TOTAL USING FORMULA IN TABLE MENU |

**EXPENSE BUDGET**

|  |  |
| --- | --- |
| **CATEGORY** | **AMOUNT** |
| Salaries & Wages1 | ENTER EXPENSE AMOUNT |
| Fringe2 | ENTER EXPENSE AMOUNT |
| Travel3 | ENTER EXPENSE AMOUNT |
| Subcontract Services | ENTER EXPENSE AMOUNT |
| Other Expenses4 | ENTER EXPENSE AMOUNT |
| Overhead5 | ENTER EXPENSE AMOUNT |
| Profit | ENTER EXPENSE AMOUNT |
| TOTAL | TOTAL USING FORMULA IN TABLE MENU |

1 Salaries and Wages is defined as the cost of salaries of engineers, draftsmen, stenographers, surveymen, clerks, laborers, etc., for time directly chargeable to this contract.

2 Fringe is defined as the cost of social security contributions, unemployment, excise, and payroll taxes, workers’ compensation insurance, retirement benefits, medical and insurance benefits, sick leave, vacation, and holiday pay applicable thereto.

3 Travel is limited to the maximum amounts authorized for state employees by the General Appropriations Act, Tex. Leg. Regular Session, 2011, Article IX, Part 5, as amended or superseded

4Other Expenses is defined to include expendable supplies, communications, reproduction, and postage directly chargeable to this CONTRACT.

5 Overhead is defined as the costs incurred in maintaining a place of business and performing professional services similar to those specified in this contract. These costs shall include the following:

* Indirect salaries, including that portion of the salary of principals and executives that is allocable to general supervision;
* Indirect salary fringe benefits;
* Accounting and legal services related to normal management and business operations; Travel costs incurred in the normal course of overall administration of the business; Equipment rental;
* Depreciation of furniture, fixtures, equipment, and vehicles;
* Dues, subscriptions, and fees associated with trade, business, technical, and professional organizations;
* Other insurance; Rent and utilities; and Repairs and maintenance of furniture, fixtures, and equipment

loan component questions – Applicants not seeking funding in the form of a loan **do not** need to answer the questions below

# Legal Information

1. Pledge. What type of pledge will be used to repay the proposed debt?

Systems Revenue  Taxes  Combination of System Revenues & Taxes

Contract Revenue  Other (Explain)

1. Proposed Debt Issue**.** Provide the full legal name of the security for the proposed debt issue(s).

1. Parity of Debt. Is the applicant proposing to issue Certificates of Obligation or bonds on parity with outstanding obligations?

Yes  No

If yes:

* 1. Please describe any reserve requirements and additional debt requirements:           :
  2. Attach the most recent resolution or ordinance authorizing the outstanding parity debt.

1. Rate Covenants. Describe any existing rate covenants.

# Financial Information

1. Utilities Provided. Indicate the services the Applicant provides its customers. Check all that apply.

Regional/Wholesale Water Services  Retail Water  Wastewater

Storm water/Drainage  None of these

1. Current Average Residential Usage and Rate Information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Service | Date of Last Rate Increase | Avg. Monthly Usage (Gal) | Avg. Monthly Bill ($) | Avg. Monthly Increase Per Customer ($) at Last Rate Increase | Projected Monthly Increase Necessary to Repay Loan ($) |
| Water |  |  | $ | $ | $ |
| Wastewater |  |  | $ | $ | $ |
| Drainage |  | N/A | $ | $ | $ |

Comments:

1. Authorized Rates/Fees/Charges Schedules.Please attach a schedule of current water, wastewater, and/or storm/drainage rates or fees (whichever is applicable) and the proposed rates/fees needed to finance the project and ongoing maintenance and operation (include the tentative schedule for the necessary proposed rate/fee increase).

Attached

1. Collection Procedures. Please describe the procedures for collecting customer’s monthly bills, including penalties for delinquent accounts and the standard procedures in place to remedy these accounts.

N/A

1. Number of Connections. Provide the number of active connections for each of the past FIVE years.

N/A

* 1. WATER

|  |  |
| --- | --- |
| Year | Number of Active Connections |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

N/A - No water service provided by applicant

* 1. WASTEWATER

|  |  |
| --- | --- |
| Year | Number of Active Connections |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

N/A - No wastewater service provided by applicant

1. Customer Usage. List the top TEN customers of the water/wastewater system by annual usage in gallons and percentage total use.

N/A

* 1. WATER

|  |  |  |
| --- | --- | --- |
| Customer Name | Annual Usage (Gal) | Percent of Usage |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |

Comments:

N/A - No water service provided by applicant

* 1. **WASTEWATER**

|  |  |  |
| --- | --- | --- |
| Customer Name | Annual Usage (Gal) | Percent of Usage |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |

Comments:

N/A - No wastewater service provided by applicant

1. Customer Annual Revenue**.** List the top TEN customers of the water and/or wastewater system by annual revenue with corresponding usage and percentage total use.

N/A

* 1. WATER

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name | Annual Usage (Gal) | Annual Revenue | Percent Total Water Revenue |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |

Comments:

N/A - No water service provided by applicant

* 1. WASTEWATER

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name | Annual Usage (Gal) | Annual Revenue | Percent Total Wastewater Revenue |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |
|  |  | $ | % |

Comments:

N/A - No wastewater service provided by applicant

1. Wholesale Contracts. Provide a summary of the wholesale contracts with customers.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contract Type | Minimum Annual Amount | Usage Fee per 1,000 gallons | Annual Operations and Maintenance | Annual Capital Costs | Annual Debt Service | Other | Annual Use for the Most Current Fiscal Year End | Annual Revenue for the Most Current Fiscal Year End |
|  | $ | $ | $ | $ | $ | $ |  | $ |
|  | $ | $ | $ | $ | $ | $ |  | $ |
|  | $ | $ | $ | $ | $ | $ |  | $ |
|  | $ | $ | $ | $ | $ | $ |  | $ |
|  | $ | $ | $ | $ | $ | $ |  | $ |

Comments:

N/A - No water service provided by applicant

1. Tax Status. Indicate the tax status of the proposed loan.

Tax-Exempt  Taxable  N/A

1. Taxing Authority. Does the applicant have taxing authority?

Yes  No

1. Maximum Tax Rate. Provide the maximum tax rate permitted by law per $100 of property value.

$          ￼  N/A

1. Principal Employers. Please list the TEN largest employers of the applicant’s service area:

|  |  |
| --- | --- |
| Name | Number of Employees |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Comments (example: any anticipated changes to the tax base, employers etc.):

1. Bond Ratings. Provide any current bond ratings with date received and attach corresponding rating reports. If any are not applicable, enter “N/A”.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Standard & Poor’s | Date Received | Moody’s | Date Received | Fitch | Date Received |
| G.O. |  |  |  |  |  |  |
| Revenue |  |  |  |  |  |  |

Attached

1. Overlapping Debt and Tax Rate Table. Attach the direct and overlapping debt and tax rate table.

Attached  N/A

1. Taxable Assessed Valuation. Please provide the last FIVE years of data showing total taxable assessed valuation including net ad valorem taxes levies, corresponding tax rate (detailing debt service and general purposes), and tax collection rate.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Fiscal Year Ending | Net Taxable Assessed Value ($) | Tax Rate | Maintenance & Operating Rate | Interest & Sinking Rate | Tax Levy ($) | Percentage Current Collections | Percentage Total Collections |
|  | $ |  |  |  | $ |  |  |
|  | $ |  |  |  | $ |  |  |
|  | $ |  |  |  | $ |  |  |
|  | $ |  |  |  | $ |  |  |
|  | $ |  |  |  | $ |  |  |

N/A

1. Tax Assessed Values by Classification**.** Please attach the last FIVE years of tax assessed values delineated by Classification (Residential, Commercial, and Industrial).

Attached  No direct tax assessed  N/A

1. Taxpayer – Assessed Valuation. Please provide the current top TEN taxpayers showing percentage of ownership to total assessed valuation. Explain anticipated impacts in the Comments blank, below. If any of these have changed in the past three years, please provide information on the changes to the top ten.

|  |  |  |
| --- | --- | --- |
| Taxpayer Name | Assessed Value | Percent of Total |
|  | $ | % |
|  | $ | % |
|  | $ | % |
|  | $ | % |
|  | $ | % |
|  | $ | % |
|  | $ | % |
|  | $ | % |
|  | $ | % |
|  | $ | % |

Comments:

No direct tax assessed

1. Sales Tax. Does the applicant collect sales tax? If yes, provide the sales tax collection history for the past FIVE years.

Yes  No

|  |  |
| --- | --- |
| Fiscal Year Ending | Total Collections |
| 20 | $ |
| 20 | $ |
| 20 | $ |
| 20 | $ |
| 20 | $ |

1. Annual Audit and Management Letter. Attach ONE copy of the preceding fiscal year’s Annual Audit and management letter prepared and certified by a Certified Public Accountant or Firm of Accountants.

Attached

1. Five-Year Comparative System Operating Statement.Please attach:

**a five-year comparative statement including audited prior years, and**

**unaudited year-to-date statement of the following: Operating Statement (not condensed), Balance Sheet, Statement of Cash Flows**

1. Proforma / Loan Amortization Schedule. Please select one of the repayment methods from the options below. The proforma should indicate all the information listed under the selection for all years that the debt will be outstanding. Please be sure the proforma reflects the requested debt structure, including multi-phased funding options.

System Revenues (Attached)

Projected Gross Revenues

Operating and Maintenance Expenditures

Outstanding and Proposed Debt Service Requirements

Net Revenues Available for Debt Service and Coverage of Current and Proposed   
Debt Paid from Revenues

Taxes (Attached)

Outstanding and Proposed Debt Service Requirements

Tax Rate Necessary to Repay Current and Proposed Debt Paid from Taxes

List the Assumed Collection Rate and Tax Base Used to Prepare the Schedule

Combination of System Revenues and Taxes (Attached)

Projected Gross Revenues

Operating and Maintenance Expenditures

Net Revenues available for debt service

Outstanding and Proposed Debt Service Requirements

Tax Rate Necessary to Repay Current and Proposed Debt Paid from Taxes

List the Assumed Collection Rate and Tax Base Used to Prepare the Schedule

Contract Revenues (Attached)

Participant’s Projected Gross Revenues

Participant’s Operating and Maintenance Expenditures

Outstanding and Proposed Debt Service Requirements

Net Revenues Available for Debt Service and Coverage of Current and Proposed Debt Paid from Revenues

Other (Attached)

Projected Gross Revenues

Annual Expenditures

Outstanding and Proposed Debt Service Requirements

Revenues Available for Debt Service

1. Outstanding Debt. Does the applicant have any outstanding debt? Check all that apply and attach a list of total outstanding debt and identify the debt holder. Segregate by type (General Obligation or Revenue) and present a consolidated schedule for each, showing total annual requirements. Note any authorized but unissued debt.

General Obligation Debt (Attached)

Revenue (Attached)

Authorized but Unissued Debt (Attached)

Other Debt

None

1. Repayment Issues. Disclose all issues that may affect the project or the applicant’s ability to issue and/or repay debt (such as anticipated lawsuits, judgements, bankruptcies, major customer closings. etc.).

1. Default Debt. Has the applicant ever defaulted on any debt? If yes, disclose all circumstances surrounding prior default(s).

Yes  No

If yes, explain:

1. Defunding Municipality**.** For city applicants: Has the Criminal Justice Division of the Office of the Governor issued a written determination finding that the applicant is a “defunding municipality” under Texas Local Government Code, Chapter 109?

Yes  No  N/A (not a city)

Attachment CHECKLIST

|  |  |  |
| --- | --- | --- |
|  | N/A | Attachment Description |
|  |  | Map of Project Watershed |
|  |  | MOU (Template: TWDB-0170) |
|  |  | Cooperation (TWDB-0172 or TWDB-0173) |
|  |  | Adequate Notice (TWDB-0172 or TWDB-0173 or other evidence) |
|  |  | Public Meetings (TWDB-0172 or TWDB-0173) |
|  |  | National Flood Insurance Program ordinance or order or equivalent (Question #7) |
|  |  | Federal Award Packet (Question #9) |
|  |  | Detailed scope of work, budget, and schedule (Question #11) |
|  |  | Benefit-Cost Ratio (Question #12) |
|  |  | Resolution (TWDB-0201A) |
|  |  | Application Affidavit (TWDB-0201) |
|  |  | Certificate of Secretary (TWDB-0201B) |
|  | N/A | Loan Component Attachment Description |
|  |  | The most recent resolution or ordinance authorizing outstanding parity debt |
|  |  | Rate Schedule |
|  |  | Bond Ratings |
|  |  | Overlapping Debt and Tax Rate Table |
|  |  | Tax Assessed Values by Classification |
|  |  | Annual Audit & Management Letter |
|  |  | Five Year Comparative Operating Statement |
|  |  | Proforma/Amortization Schedule |
|  |  | Outstanding Debt Schedule |