

## Financial Assistance

## Application for

## Private Entities

**Submittal Instructions:** Please submit onedouble-sided original **OR** oneindexed, electronic copy, via electronic storage media such as CD or flash drive using MS Word, Excel and/or Adobe Acrobat.

**Please submit your application to:**

Texas Water Development Board

Water Supply and Infrastructure-Regional Water Project Development

P O Box 13231

1700 N. Congress Avenue, 5th Floor

Austin, Texas 78711-3231

(78701 for courier deliveries)

**For more information, please contact your Regional Project Implementation Team at:**

<https://www.twdb.texas.gov/contact/office/wsi.asp>

|  |  |  |
| --- | --- | --- |
| **Entity Name**: | **County**: | |
| **Project Name:** | | |
| **Physical Address**: | | |
| **Mailing Address**: | | |
| **Phone**: | | |
| **Website**: | | |
| **Total Population Served by the System:** | | |
| **Funding Request** | | |
| ***Financial Assistance Programs:*** | | ***Amount Requested:*** |
| **Clean Water State Revolving Fund (CWSRF Equivalency) \*** | | $ |
| **Clean Water State Revolving Fund (CWSRF Non-Equivalency) \*** | | $ |
| **Clean Water State Revolving Fund – Emerging Contaminants \*** | | $ |
| **Drinking Water State Revolving Fund (DWSRF Equivalency) \*** | | $ |
| **Drinking Water State Revolving Fund (DWSRF Non-Equivalency) \*** | | $ |
| **Drinking Water State Revolving Fund – Emerging Contaminants \*** | | $ |
| **Drinking Water State Revolving Fund – Lead Service Line Replacement \*** | | $ |
| **Drinking Water State Revolving Fund – Small/Disadv. Emerging Contaminants \*** | | $ |
| **Other:** | | $ |

**Notes: These options are only available when the applicant has received a CWSRF, DWSRF, EDAP, or SWIFT invitation letter.**

# Financial Assistance Application Checklist

The following checklist is a full list of the documents that are necessary to process applications. Please work with TWDB staff to identify which documents are required for your specific project. Incomplete applications will not be processed until all applicable information is provided. Clearly label all attachments with the corresponding document name and entity name. Please visit <http://www.twdb.texas.gov/financial/instructions/index.asp> for any referenced Guidance and Forms.

|  | **Entity Review** | **TWDB Staff Review** | **Ref.** |
| --- | --- | --- | --- |
| *General Information* | | |  |
| Project Map |  |  | 4 |
| US Geological Map |  |  | 8 |
| Multi-year/Phased Commitment Schedule |  |  | 9 |
| Security Document for Refinancing (if applicable) |  |  | 10 |
| Other Funding Sources – Commitment Letters (if applicable) |  |  | 11 |
| Consulting Contracts – Draft or Executed (Engineering, Financial Advisor, Bond Counsel) |  |  | 14 |
| *Legal* | | |  |
| *All Applicants:* |  |  |  |
| Resolution (TWDB-0201A) |  |  | 15.a |
| Application Affidavit (TWDB-0201P) |  |  | 15.b |
| Certificate of Secretary (TWDB-0201B) |  |  | 15.c |
| Certificate of Convenience and Necessity (if applicable) |  |  | 16 |
| Affidavit of No Objection |  |  | 17 |
| TCEQ Enforcement Actions |  |  | 18 |
| PUC Acknowledgement – Rate Increase (if applicable) |  |  | 22 |
| Ownership Interests – Project Costs and Status |  |  | 23 |
| Service Agreements (if applicable) |  |  | 24 |
| Assurance Related to State Funds |  |  | 25 |
| Equitable Ownership |  |  | 28 |
| Articles of Incorporation |  |  | 30 |
| Certificate of Incorporation from the Texas Secretary of State (if applicable) |  |  | 30 |
| By-laws and Amendments (if applicable) |  |  | 30 |
| Certificate of Account Status from the Texas Comptroller |  |  | 30 |
| Limited Liability Company Agreements (if applicable) |  |  | 30 |
| Assumed Name filings with the County Clerk (if applicable) |  |  | 30 |
| Partnership or Joint Venture Agreements (if applicable) |  |  | 30 |
| Texas Secretary of State Registrations for Foreign Companies (if applicable) |  |  | 30 |
| Certificate of Formation from Texas Secretary of State (if applicable) |  |  | 30 |
| Federal Tax Identification Number |  |  | 30 |
| *Engineering/Environmental* | | |  |
| Preliminary Engineering Feasibility Report (PEFR) |  |  | 31.a |
| Engineering Feasibility Report (EFR) – Water (TWDB-0555) or Wastewater (TWDB-0556) |  |  | 31.b |
| Planning Information Form – Wastewater (WRD-253a) or Water (WRD-253d) |  |  | 34 |
| Project Cost Estimate Budget (TWDB-1201) |  |  | 35 |
| Property Water Rights & Permits – Surface Water (WRD-208A); Groundwater (WRD-208B) |  |  | 37 |
| Water Conservation Plan (TWDB-1968 and TWDB-1965) |  |  | 38 |
| Site Certificate – Evidence of Land Ownership (ED-101) |  |  | 40 |
| Water Use Survey |  |  | 41 |
| Water Loss Audit |  |  | 42 |
| Environmental Determination |  |  | 44 |
| Social or Environmental Issues (if applicable) |  |  | 45 |
| *Clean Water or Drinking Water State Revolving Fund Only* | | |  |
| Certification of Debarment, Suspension, and Other Responsibility Requirements (SRF-404) |  |  | 48 |
| Assurances – Construction Programs (EPA-424D) |  |  | 49 |
| Lobbying Activities (TWDB-0213) |  |  | 50 |
| Affirmative Steps Certification and Goals (TWDB-0215) |  |  | 51 |
| Affirmative Steps Solicitation Report (TWDB-0216) |  |  | 52 |
| Loan/Grant Participation Summary (TWDB-0373) |  |  | 53 |
| Prime Contractor Affirmative Steps Certification and Goals (TWDB-0217) |  |  | 54 |
| TCEQ DMA Certification (if applicable) |  |  | 55 |
| Davis-Bacon Wage Acknowledgement (DB-0156) |  |  | 56 |
| Water System Assessment (if applicable) |  |  | 57 |
| Green Project Worksheets – CWSRF (TWDB-0162) or DWSRF (TWDB-0163) (if applicable) |  |  | 58 |
| List of Emerging Contaminants (if applicable) |  |  | 62 |
| Lead Service Line Replace Inventory (if applicable) |  |  | 63 |
| Lead Service Line Replacement (if applicable) |  |  | 64 |
| *Financial* | | |  |
| Rate Schedule |  |  | 67 |
| Annual Audit & Management Letter |  |  | 73 |
| Five Year Comparative Operating Statement |  |  | 74 |
| Proforma/Amortization Schedule |  |  | 75 |
| Outstanding Debt Schedule |  |  | 76 |
| Business Plan |  |  | 79 |
| Federal Income Tax (if applicable) |  |  | 80 |
| Credit Report (if applicable) |  |  | 81 |
| Notarized Affidavit – Bankruptcy Filings (if applicable) |  |  | 82 |

*I hereby approve and authorize the submission of this Financial Assistance Application to the Texas Water Development Board. I certify that all information contained herein is true and correct to the best of my knowledge. I understand the failure to submit a complete Financial Assistance Application may result in the withdrawal of the form without review.*

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

**Signature of Entity’s Authorized Representative**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name of Entity’s Authorized Representative**

# General Information

**Note:** Please visit <http://www.twdb.texas.gov/financial/instructions/index.asp> for any referenced Guidance and Forms.

1. **Associated PIF or Abridged Application Number(s)**:            (Required for CWSRF, DWSRF, EDAP, and SWIFT Only)
2. **Project Need:** Description of Project Need (for example, is the project needed to address a current compliance issue, avoid potential compliance issues, extend service, expand capacity.) Do not copy and paste the description from the PIF.

1. **Project Description:** Description of Project, including a bulleted list of project elements/components, and alternatives considered (including existing facilities) Do not copy and paste the description from the PIF.:

1. **Project Map**. Attach a map of the service area and drawings as necessary to locate and describe the project. The map should show the project footprint, major project components, roads, and major landmarks.
2. **Project Location** (Latitude/Longitude):

Latitude:

Longitude:

1. **Counties in Applicant’s Service Area**: List counties where the project is located or providing service.
2. **Colonias**: If the proposed project impacts any colonias, provide the Colonia M number(s).
3. **U.S. Geological Survey Map**: Attach a geological survey map at the appropriate scale to show the project area and all major project components.
4. **Multi-year/Phased Commitment Schedule**. For multi-year funding requests or phased commitments, provide a schedule reflecting the closing dates for each loan requested.

Attached  N/A

1. **Refinancing**. Is the applicant requesting funding to refinance existing debt? Please note, refinancing is only available to certain entity types pursuing certain financial assistance programs. Contact the TWDB Regional Team Manager if you would like more information.

If yes, attach a copy of the document securing the debt to be refinanced.

Yes (Attached)  No

1. **Other Funding Sources.** Provide a list of any other funding source(s) being utilized to complete the project. **Provide commitment letters if available. Additional funding sources must also be included within the Project Budget (TWDB-1201).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Source** | **Type of Funds (Grant/Loan)** | **Amount ($)** | **Date Applied** | **Anticipated or Funding Secured Date** |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
| **Total Funding From All Sources** |  | $ |  |  |

N/A

# General Information – Contact Information

1. **Primary Contact Information.** Applicant’s primary contact for day to day project implementation.

|  |  |
| --- | --- |
| **Name:** |  |
| **Title:** |  |
| **Employer:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

1. **Applicants Officers and Members**.

|  |  |
| --- | --- |
| **Name** | **Office Held** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Applicants Consultants**. Provide contact information for the applicant’s consultants. Please attach copies of all draft and/or executed contracts for consultant services to be used by the applicant in applying for financial assistance or constructing the proposed project.
2. **Applicant Engineer  N/A**

|  |  |
| --- | --- |
| **Employer Name:** |  |
| **Name:** |  |
| **Title:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

1. **Bond Counsel  N/A**

|  |  |
| --- | --- |
| **Employer Name:** |  |
| **Name:** |  |
| **Title:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

1. **Financial Advisor  N/A**

|  |  |
| --- | --- |
| **Employer Name:** |  |
| **Name:** |  |
| **Title:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

1. **Certified Public Accountant (or other appropriate rep)  N/A**

|  |  |
| --- | --- |
| **Employer Name:** |  |
| **Name:** |  |
| **Title:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

1. **Legal Counsel (if other than Bond Counsel)  N/A**

|  |  |
| --- | --- |
| **Employer Name:** |  |
| **Name:** |  |
| **Title:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

1. **Any other consultant representing the Applicant before the Board  N/A**

|  |  |
| --- | --- |
| **Employer Name:** |  |
| **Name:** |  |
| **Title:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

# Legal Information

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-0201P)

Attached

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

Attached

1. **Certificate of Convenience and Necessity.** Does the applicant possess a Certificate of Convenience and Necessity (CCN)?

Yes (Attached)  No

If no, provide an explanation:

1. **Affidavit of No Objection**. Are any facilities to be constructed (or is the area to be served) within the service area of a municipality, or other public utility, with responsibility for serving the area?

Yes  No

If yes, has the applicant obtained an affidavit stating that the municipality or public utility servicing the area does not object to the proposed construction and operation of the applicant’s services and facilities in the service area? If not, please provide an explanation of why not.

Yes (Attached)  No

If no, provide an explanation:

1. **Enforcement Actions.** Has the applicant been the subject of any enforcement action by the Texas Commission on Environmental Quality (TCEQ), the Environmental Protection Agency (EPA), or any other entity within the past three years? If yes, attach a brief description of every enforcement action within the past three years and action(s) to address requirements.

Yes (Attached)  No

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

Systems Revenue  Contract Revenue

Other (Explain)

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

1. **Rate Covenants.** Describe the existing rate covenants.
2. **Public Utility Commission Acknowledgement – Rate Increase.** If the applicant needs to impose an increase in rates or charges that it is charging to meet debt service requirements, provide a copy of the PUC acknowledgement that the proposed rate change filing has been received.

Yes (Attached)  N/A

1. **Ownership Interests of the Project.** Attach a breakdown of ownership interests, an allocation of project costs, and an explanation of the allocation of liability.

1. **Service Agreements**. Is the project intended to allow the applicant to provide or receive water or sewer services to or from another entity? If yes, the applicant must attach, at a minimum, the proposed agreement, contract, or other documentation establishing the service relationship, with the final and binding agreements provided prior to loan closing.

Yes (Attached)  No

1. **Assurance Related to State Funds.** Attach the Assurances Related to State Funds form (TWDB-0151).

Attached

1. **Legal Structure/Organization.** A brief description of the applicant’s legal structure/organization (e.g., corporation, Limited Liability Company, partnership, joint venture, or sole proprietorship):

1. **Organizational Chart.** Please provide an organizational chart that identifies all affiliated interests and reflects their relationship(s) with the applicant.

Attached

1. **Equitable Ownership.** Please provide any legal documentation identifying and establishing the legal or equitable ownership interests in the real and personal property which constitute the applicant’s water or wastewater system.

Attached

1. **Notarized Affidavit - Open Meeting.** If the applicant has to comply with the Texas Open Meetings Act, please submit a notarized affidavit executed by the applicant's designated representative stating that the decision to request financial assistance was made in a meeting open to all customers that was held no less than 72 hours after notice to customers.

Yes (Attached)  N/A

1. **Legal Authorization Documents -** Please provide the following legal authorization documents:

**Articles of Incorporation**

**Certificate of Incorporation from the Texas Secretary of State (if applicable)**

**By-laws and Amendments (if applicable)**

**Certificate of Account Status from the Texas Comptroller**

**Limited Liability Company Agreements (if applicable)**

**Assumed Name filings with the County Clerk (if applicable)**

**Partnership or Joint Venture Agreements (if applicable)**

**Texas Secretary of State Registrations for Foreign Companies (if applicable)**

**Certificate of Formation from Texas Secretary of State (if applicable)**

**Federal Tax Identification Number**

# Engineering/Environmental Information

1. **Engineering Feasibility Report.**
   * 1. If the project includes funding for planning, acquisition, or design, please attach a preliminary engineering feasibility report sealed, signed, and dated by a professional engineer registered in the State of Texas. The report shall provide:
        1. a description and purpose of the project, including existing facilities;
        2. the entities to be served and current and future population;
        3. the cost of the project;
        4. a description of alternatives considered (or to be considered during detailed planning) and reasons for the selection of the project proposed;
        5. sufficient information to evaluate the engineering feasibility of the project;
        6. maps and drawings as necessary to locate and describe the project area; and
        7. a general description of the existing system.
        8. CWSRF and DWSRF projects must address issues scored in the Intended Use Plan submittal.
        9. SWIFT projects must address a Water Management Strategy included in the State Water Plan.

Attached

* 1. If the project is for Construction only, then attach the appropriate Engineering Feasibility Report:

Water: TWDB-0555

Wastewater: TWDB-0556

1. **Project Schedule.**
   1. Estimated date to submit environmental planning documents.
   2. Estimated date to submit engineering planning documents.
   3. Estimated date for completion of design.
   4. Estimated Construction start date for first contract.
   5. Estimated Construction end date for last contract.
2. **Total Population Affected by the Project.** Provide the total population to be impacted by the proposed project:
3. **Planning Information Form.** Attach the appropriate Planning Information Form:

Water: WRD-253d

Wastewater: WRD-253a

1. **Project Cost Estimate.** Attach the most current itemized project cost estimate, utilizing the TWDB Budget Form TWDB-1201. Include all costs and funding sources (e.g. CWSRF. WDF, EDAP). If applying for pre-construction costs only (i.e., Planning, Acquisition, Design) then itemize only the relevant portions in the attached budget template.

Attached

1. **Water Made Available.** If the project includes a construction component, please indicate the following information regarding new supply, new reuse supply, new conservation savings, or maintenance of current supply.

|  |  |  |
| --- | --- | --- |
|  | **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.* | | |

1. **Property Water Rights & Permits.** If this project will result in: (a) an increase by the applicant in the use of groundwater, (b) drilling a new water well, or (c) an increase by the applicant in use of surface water, then the applicant must demonstrate that it has acquired – by contract, ownership or lease – the necessary property water rights, groundwater permits, and/or surface water rights sufficient for the project before funds can be released for construction.
   1. Does the applicant currently own all the property water rights, groundwater permits, and surface water rights needed for this project? If yes, please attach the completed appropriate form(s):

Surface Water (WRD-208A)

Groundwater (WRD-208B)

* 1. If all property water rights, groundwater permits, and surface water rights needed for this project have not yet been acquired, identify the rights and/or permits that will need to be acquired and provide the anticipated date by which the applicant expects to have acquired such rights and/or permits.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Water Permit or Right** | **Entity from Which the Permit or Right Must Be Acquired** | **Acquired by Lease or Full Ownership** | **Expected Acquisition Date** | **Permit/Water Right I.D. No.** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Water Conservation Plan.** If the applicant’s request for funding exceeds $500,000, a Water Conservation Plan (WCP) is required. The WCP must be adopted by the applicant and cannot be more than FIVE years old. Has the applicant adopted a Board-approved WCP? If yes, attach the WCP and enter the WCP adoption date. If not, attach a copy of the draft WCP and Drought Contingency Plan prepared in accordance with the TWDB WCP Checklist (TWDB-1968).

Yes (Approved Plan Attached) **Date of WCP Adoption**:

No (Draft Attached)

N/A – Funding request less than $500,000

1. **Other Engineering Permits.** List any major permits not identified elsewhere that are necessary for the completion of the project. Also, list any other necessary minor permits that may involve particular difficulty due to the nature of the proposed project (e.g., railroad crossings, TxDOT permits).

|  |  |  |
| --- | --- | --- |
| **Engineering Permit** | **Issuing Entity** | **Permit Acquired (Y/N)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Site Certificate – Evidence of Land Ownership.** Please complete and attach the Site Certificate (ED-101), documenting all necessary land and easements for the project.

Yes (Attached)

1. **Water Use Survey.** For applicants that provide retail water services: Has the applicant already submitted to the TWDB the annual Water Use Survey of groundwater and surface water for the last THREE years? If the applicant has not completed these, please download survey forms and attach a copy of the completed water use surveys to the application. (<https://www.twdb.texas.gov/waterplanning/waterusesurvey/index.asp>)

Yes  No (attached)  N/A – No retail water service

1. **Water Loss Audit.** For applicants that are a retail public utility that provides potable water: Has the applicant already submitted the most recently required water loss audit to the TWDB? If no, and if applying for a water supply project, please complete the online TWDB Water Audit worksheet and attach a copy to the application. (<http://www.twdb.texas.gov/conservation/resources/waterloss-resources.asp>)

Yes  No (attached)  N/A – No retail water service

1. **Additional Environmental Permits, Registrations, Licenses, Authorizations.** Please list any environmental permits, registrations, licenses, or authorizations necessary for the project and the status of each (e.g., Endangered Species Act, Section 10A take permit, Clean Water Act Section 404 – Individual Permit or Rivers and Harbors Section 10 Permit).

|  |  |  |
| --- | --- | --- |
| **Permit** | **Issuing Entity** | **Permit Acquired (Y/N)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Comments:

1. **Environmental Determination.** Has Categorical Exclusion (CE), Determination of No Effect (DNE), Finding of No Significant Impact (FONSI), Record of Decision (ROD), or any other environmental determination been issued for this project? If yes, please attach a copy of the determination. If the project is potentially eligible for Categorical Exclusion (CE)/Determination of No Effect (DNE), please attach the CE/DNE Request Form (TWDB-0803).

Yes (Attached)  No  CE/DNE Request Form Attached

1. **Social or Environmental Issues.** Attach a discussion of any known permitting, social, or environmental issues that may affect the evaluation of project alternatives or implementation of the proposed project; e.g. these could include rate increases, potential impacts to known cultural resources, potential impacts to waters of the U.S. or to protected species, etc.

Attached

# Clean Water or Drinking Water State Revolving Fund Information

1. **SAM Registration.** Has the applicant registered with the System for Award Management (SAM)? Pursuant to Federal Funding Accountability and Transparency Act (FFATA) the applicant is required to register and maintain registration with SAM at all times during which the loan agreement is active or under consideration.

Yes  No

1. **SAM Unique Entity ID Number:**
2. **Certification of Debarment Suspension, and Other Responsibility Requirements.** If applying for CWSRF Equivalency or DWSRF Equivalency funding and has already solicited or awarded contracts to contractors for services, equipment, or construction for this project, please complete the Certification Regarding Debarment, Suspension and Other Responsibility (SRF-404) form by following the instructions at the bottom of the form and attach for each contractor.

Yes (Attached)  N/A – Applying for Non-Equivalency

1. **Assurances – Construction Programs.** If applying for CWSRF Equivalency or DWSRF Equivalency funding, please attach the Assurances – Construction Programs (EPA-424D).

Yes (Attached)  N/A – Applying for Non-Equivalency

1. **Lobbying Activities.** If the applicant is applying for CWSRF or DWSRF program funding, the Applicant must complete the Certification Regarding Lobbying. (WRD-213).

Attached

1. **Affirmative Steps Certification and Goals.** (CWSRF Equivalency and DWSRF Equivalency projects must complete) Please complete and attach the Affirmative Steps Certification and Goals (TWDB-0215).

Attached  N/A – Applying for Non-Equivalency

1. **Affirmative Steps Solicitation Report.** (CWSRF Equivalency and DWSRF Equivalency projects must complete) If the applicant has already solicited for professional services or construction contractors, please complete and attach the Affirmative Steps Solicitation Report (TWDB-0216).

Yes (Attached)  N/A – Applying for Non-Equivalency

1. **Loan/Grant Participation Summary.** (CWSRF Equivalency and DWSRF Equivalency projects must complete) If the applicant has awarded contracts to professional service providers or construction contractors, please complete and attach the Loan/Grant Participation Summary (TWDB-0373).

Yes (Attached)  N/A – Applying for Non-Equivalency

1. **Prime Contractor Affirmative Steps Certification and Goals.** (CWSRF Equivalency and DWSRF Equivalency projects must complete) If the applicant’s professional service providers or construction contractors have awarded contracts to any subcontractors, please complete and attach the Prime Contractor Affirmative Steps Certification and Goals (TWDB-0217).

Yes (Attached)  N/A – Applying for Non-Equivalency

1. **TCEQ DMA Certification (CWSRF Only).** All wastewater applicants must be a Designated Management Agency (DMA) for wastewater collection and treatment. Please complete and attach the TCEQ DMA Self Certification Form.

Yes (Attached)  N/A – Applying for DWSRF

1. **Davis-Bacon Wage Rate Acknowledgement.** The applicant must comply with the Davis-Bacon Act regarding prevailing wage rates. The Applicant acknowledges that they are aware of, and will abide by, the Davis-Bacon Act requirements. Further information on the Davis-Bacon requirements is available through the TWDB Guidance Documents. (DB-0156).

Yes (Acknowledged)

1. **Water System Assessment - Self Certification.** Does the applicant serve 500 or fewer persons and the project involve a new water source? If yes, the applicant must self-certify that the entity has considered, as an alternative drinking water supply, drinking water delivery systems sources by publicly owned-individual, shared, or community wells.

Yes (Attached)  No

1. **Green Projects.** Does your project or a component of your project qualify as Green, per EPA guidance? If yes, please attach the appropriate Green Project Reserve: SRF Green Project Worksheets. (CWSRF – TWDB-0162 or DWSRF – TWDB–0163). TWDB will make the final determination whether your project (or project component) meets federal criteria as “green”. You may be required to submit a business case, utilizing the Green guidance.

Yes (Attached)  No

1. **Federal Awards Information**.

Did the applicant receive over 80% of their revenue from Federal Awards last year?

Yes  No

Did the applicant receive over $25 million in Federal Awards last year?

Yes  No

The public **does not** have access to executive compensation information via SEC or IRS reports. Answer “Yes” if the statement is true, “No” if the statement is false.

Yes  No

If applicant checked **YES** to **ALL** three (3) boxes above, applicant is required to disclose the name and compensation of the five most highly compensated officers.

|  |  |
| --- | --- |
| **Officer’s Name** | **Officer’s Compensation ($)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Technical Assistance.**

Did the applicant receive either state or Federal Technical Assistance before submitting this application? List who was the service provider and approximately when the assistance was provided.

|  |  |
| --- | --- |
| **Name of Provider** | **Date(s) of Service** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Resiliency.**

Resiliency refers to the ability of water and wastewater infrastructure systems to withstand and recover from natural and man-made disturbances. Resilient infrastructure systems are flexible, agile, and able to recover after unanticipated disruption. Was this project ‘s intended purpose to provide a climate resiliency solution? For more information on EPA’s definition of resiliency projects, please review their [CWSRF](https://www.epa.gov/cwsrf/funding-resilient-infrastructure-and-communities-clean-water-state-revolving-fund) or [DWSRF](https://www.epa.gov/dwsrf/addressing-resiliency-dwsrf) guidance.

Yes  No

If yes, briefly describe how.

1. **Emerging Contaminant Projects Only.**

List the emerging contaminants being eliminated through the project.

Is PFAS being addressed?

Yes  No

Is Cyanotoxin being addressed?

Yes  No

Is Microbial being addressed?

Yes  No

Is Chemical Contaminant being addressed?

Yes  No

1. **Lead Service Line Replace Inventory Projects Only.**

What is the PWS ID of the system where the inventory is being performed. List all that apply.

|  |  |  |
| --- | --- | --- |
| **PWS ID** | **PWS Name** | **First-Time Inventory (Y/N)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Lead Service Line Replacement Projects Only.**

What is the estimated number of Lead Service Lines to be replaced by this proposed project?

# Financial Information

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

Regional/Wholesale Water Services  Retail Water  Wastewater

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 and/or wastewater rates (whichever is applicable) and the proposed rates needed to finance the project (include the tentative schedule for the necessary proposed rate increase). For storm water/drainage projects, attach a schedule for any fees/charges dedicated to storm water/drainage projects.

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.
   1. **WATER**

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

* 1. **WASTEWATER**

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

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

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

Comments:

* 1. **WASTEWATER**

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

Comments:

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.
   1. **WATER**

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

Comments:

* 1. **WASTEWATER**

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

Comments:

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:

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.

Annual Audit (Attached)  Management Letter (Attached)

1. **Five-Year Comparative System Operating Statement.** Please attach a Five-year comparative statement including audited prior years and an unaudited year-to-date statement of the following: Operating Statement (not condensed), Balance Sheet, Statement of Cash Flows. If audited numbers are unavailable, please use unaudited numbers.

Attached

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

**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 Debt 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.

**Revenue (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 History**. Has the applicant ever defaulted on any debt? If yes, disclose all circumstances surrounding prior default(s).

Yes  No

If yes, explain:

1. **Business Plan.** Please provide a Business Plan which includes anticipated revenues, anticipated rate increases, a schedule for these increases, and anticipated expenditures.

Attached

1. **Federal Income Tax.** Please attach the applicant's Federal Income Tax returns for the previous two (2) years.

Attached  N/A

1. **Credit Report.** Please attach a credit report and the last three years of personal income tax returns from each of the personal guarantors (a personal guaranty may be required of all applicants regardless of organizational structure).

Attached  N/A

1. **Notarized Affidavit - Bankruptcy Filings.** Please attach a notarized affidavit documenting any bankruptcy filings made by the applicant as well as all affiliated interests for the preceding five (5) years.

Attached  N/A