

Texas Water Development Board (TWDB)
Drinking Water State Revolving Fund (DWSRF)

Project Information Form (PIF)

To be considered for the upcoming SFY 2027 Intended Use Plan (IUP), you must submit your Project Information Form (PIF) by March 6, 2026.

If you have computer access, please submit your PIF through TWDB's On-line Loan Application (OLA) system found at ola.twdb.texas.gov.

Section 1. GENERAL INFORMATION

Please Indicate the State Fiscal Year (SFY) for this PIF*:		For SFY 2026 IUP (Ends Aug. 31, 2026)	<input type="checkbox"/>	For SFY 2027 IUP (Begins Sep. 1, 2026)	<input type="checkbox"/>
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			
Are you a first-time applicant?	Yes	No	If yes, how did you hear about the State Revolving Fund program?	Choose an item.	
	<input type="checkbox"/>	<input type="checkbox"/>			
If "Other", please indicate					
Entities must be registered in SAM.gov to receive State Revolving Fund financial assistance.					

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Is your entity registered in SAM.gov?	Choose an item.	If "Yes", provide the 12-character alphanumeric SAM.gov number.	Enter SAM ID #
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 or the most recent ACS 5-year data found in Census Data Search (WRD-284) .			
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 tract 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) .			
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)	<input type="checkbox"/>	Source Water Protection Must also submit Form DW-010.	<input type="checkbox"/>

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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

Is the proposed project involving first time service?

Choose an item.

If yes, describe how:

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. For more information on Urgent Need funding requirements, please refer to TWDB's guidance document "Urgent Need Funding from the Drinking Water State Revolving Fund" that can be found at twdb.texas.gov/publications/shells/1paggers.asp.

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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)

You must attach documentation to support the responses to the questions below. Example documentation includes but is not limited to TCEQ Notice of Violation (NOV) letter, TCEQ Notice of Enforcement (NOE) letter, Agreed Order, Boil Water Notice and/or Public Notice.

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 required production capacity equal to or more than 85% of the total documented production capability?

☐
☐

D.

Is the system's required treated water storage capacity equal to or more than 85% of the total documented storage capacity (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:

1.

less than 20 pressure per square inch (PSI)?

☐
☐

2.

less than 35 pressure per square inch (PSI)?

☐
☐

G.

Does this project include water loss mitigation? (Y/N) If "Yes", describe below the mitigation, cost of the mitigation (either in dollars or as a % of the total project), and the estimated water savings from the mitigation.

☐
☐

Benefits to Other Public Water Systems – Consolidation Projects

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.

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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.	<p>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?</p> <p><i>Note: Asset management plans must have been adopted within a 5-year period (60 months) prior to the date TWDB receives this PIF.</i></p> <p>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.</p> <p><i>Note: A Capital Improvement Plan (CIP) alone does not constitute an asset management plan.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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 to schedule a meeting.</p>			
2.	<p>Has asset management training been administered to the entity's governing body and employees?</p> <p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
B. Water Conservation			
	<p>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?</p> <p><i>Note: Plans must have been adopted within a 5-year period (60 months) prior to the date TWDB receives this PIF.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If "Yes," 1) list the targets, goals, or measures to be supported; 2) describe how they will be addressed by the proposed project; 3) enter the estimated cost of the water conservation measures of the proposed project; AND 4) attach the cover page, table of contents, and highlighted pages from the plan that clearly identify the project-related targets, goals or measures.</p> <ul style="list-style-type: none"> For questions regarding water conservation plans, contact 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. Information on drought contingency planning can be found online at https://www.tceq.texas.gov/permitting/water_rights/wr_technical-resources/contingency.html. <p><i>Note: Entities seeking financial assistance in excess of \$500,000 must submit a water conservation plan during the application phase.</i></p>			

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Section 6 (Continued). RATING CRITERIA FOR ALL PROJECTS – EFFECTIVE MANAGEMENT				
C.	Reclaimed Water		Yes	No
	Does the proposed project involve the use of reclaimed water where such infrastructure mitigates the need for additional potable supply?		<input type="checkbox"/>	<input type="checkbox"/>
	If “Yes,” describe how:			
D.	Energy Efficiency			
	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?		<input type="checkbox"/>	<input type="checkbox"/>
	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.			
E.	Implementation of Water Plans			
	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?		<input type="checkbox"/>	<input type="checkbox"/>
	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.			
F.	Cybersecurity Awareness			
	In the past 5 years, has a Cybersecurity Awareness Plan been adopted by the entity's governing body?		<input type="checkbox"/>	<input type="checkbox"/>
	If "Yes," attach the cover page, table of contents, and highlighted pages of the entity's adopted cybersecurity awareness plan.		<input type="checkbox"/>	<input type="checkbox"/>

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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	Yes	No
Does the proposed project contain, either partially or completely, green elements as defined by the Green Project Information Worksheets?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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Section 9. READINESS TO PROCEED		
A. 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? <ul style="list-style-type: none"> 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. 	<input type="checkbox"/>	<input type="checkbox"/>
B. Land Acquisition		
Have all land acquisitions and easements necessary to complete the project been obtained?	<input type="checkbox"/>	<input type="checkbox"/>
If "No," please explain in the space below and provide an anticipated completion date.	Completion Date	
C. Design		
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.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Has design work progressed beyond preliminary design ? If so, please provide the completion date. Completed preliminary design documents must consist of the following: <ul style="list-style-type: none"> 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. 	<input type="checkbox"/>	<input type="checkbox"/>
	Completion Date	
3. Will design work be initiated after the TWDB releases design funds for this project?	<input type="checkbox"/>	<input type="checkbox"/>
4. For membrane plants, Surface Water Treatment Plant (SWTP), water wells, treatment changes, or intake structures, has TCEQ approved plans and specs?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> N/A	

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Section 9. (Continued) READINESS TO PROCEED				
D. Environmental Review			Yes	No
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 ; or that require a CE, review 31 TAC §371.43 ; or that require a ROD, review 31 TAC §371.49 ; or that have a determination by another entity, review 31 TAC §371.51 . If "Yes," provide Issuer (Agency) and date of issuance(s):		<input type="checkbox"/>	<input type="checkbox"/>
	Issuer (Agency)		Date of Issuance	
	2. 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 ?		<input type="checkbox"/>	<input type="checkbox"/>
	3. 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?		<input type="checkbox"/>	<input type="checkbox"/>
	4. Will the environmental review be initiated after the TWDB releases planning funds for this project?		<input type="checkbox"/>	<input type="checkbox"/>
E. Does the project have an approved Engineering Feasibility Report?			<input type="checkbox"/>	<input type="checkbox"/>
F. Construction Phase (Estimated start date for first contract and estimated completion date for last contract)		Start Date	Completion Date	
G. Project Bidding and Contracts				
Will the proposed project be ready to advertise for construction bids immediately following a funding commitment for construction costs?			<input type="checkbox"/>	<input type="checkbox"/>
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/financia/programs/DBE/index.asp			<input type="checkbox"/>	<input type="checkbox"/>
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.			<input type="checkbox"/> N/A	
			Months	

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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 funding is desired		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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		<input type="checkbox"/>				
Up to date financial audits for your entity are required for funding to be awarded.						
Are Audits up to date?					Select.	
Enter the year of entity's most recent completed financial audit?					Enter date.	
The last rate increase was completed in?					Enter date.	

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Section 10. (Continued) ESTIMATED COSTS	
Printed Name and Title of Entity's Authorized Representative	Telephone Number
	XXX-XXX-XXXX
Signature of Entity's Authorized Representative	Date (mm/dd/yyyy)
<div style="border: 1px solid black; width: 300px; height: 40px; margin-bottom: 10px; display: flex; align-items: center; justify-content: center; font-size: 2em;">X</div> <div style="border-bottom: 1px solid black; width: 250px; margin-bottom: 5px;"></div> <div>Authorized Representative</div>	<p>Enter date.</p>
If the grand total (Section 10, Line P) is <u>less than or equal to \$100,000</u> , include: <ul style="list-style-type: none"> Statement establishing the basis for the project cost. Signature of system operator. 	If the grand total (Section 10, Line P) is <u>greater than \$100,000</u> , include: <ul style="list-style-type: none"> Seal of registered Professional Engineer. Signature of registered Professional Engineer.
<div style="border: 1px solid black; width: 300px; height: 40px; margin-bottom: 10px; display: flex; align-items: center; justify-content: center; font-size: 2em;">X</div> <div style="border-bottom: 1px solid black; width: 250px; margin-bottom: 5px;"></div> <div>System Operator</div>	<div style="border: 1px solid black; width: 300px; height: 40px; margin-bottom: 10px; display: flex; align-items: center; justify-content: center; font-size: 2em;">X</div> <div style="border-bottom: 1px solid black; width: 250px; margin-bottom: 5px;"></div> <div>Professional Engineer</div>
System Operator's Statement	Seal 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: DWSRF@twdb.texas.gov

Texas Water Development Board (TWDB)

Disadvantaged Community Worksheet

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				
<p>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) and</p> <p>A. 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</p> <p>B. 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.</p>				
<p>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</p> <p>A. 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</p> <p>B. 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.</p>				
Section 2. SERVICE AREA				
<p>Indicate whether the entity is pursuing disadvantaged status for either the <u>entire</u> service area or a <u>portion</u> 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.</p>			<p>Entire Service Area</p> <input type="checkbox"/>	<p>Portion of a Service Area</p> <input type="checkbox"/>
Section 3. SOURCE SOCIOECONOMIC DATA				
<p>Identify the source(s) for the socioeconomic data to be entered in Section 4.</p> <p>Follow the steps in Census Data Search (WRD-284) to find data. Census data is based on the most recent available American Community Survey (ACS) 5-year Estimates.</p>				
U.S. Census Bureau Data	County, City, Town, or Census Designated Place:		Most recent (5-year) ACS ¹	<input type="checkbox"/>
			The prior (5-year) ACS (for Population) ¹	<input type="checkbox"/>
	Incongruous Census and Service Area Boundaries		Summary File 5-year block group data: Must provide a table that shows prorated data according to the example table in Census Data Search (WRD-284) .	<input type="checkbox"/>
TWDB-Approved Survey	<p>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). 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.</p>			<input type="checkbox"/>
	Date of Survey:	Enter date.		
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	
<p>¹ Population Adjustment: For SFY 2027 use the 2021 ACS 5-year estimate for Prior population and use the 2024 ACS 5-year estimate for Current population; for SFY 2026 use the 2020 ACS 5-year estimate for Prior population and use the 2023 ACS 5-year estimate for Current population</p>				

Texas Water Development Board (TWDB)
Disadvantaged Community Worksheet, Cont'd.

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 add'l.			gallons)		Q. Additional rate (each add'l.			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 4.09% 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 (UR) and Population Trends based on the ACS 5-year Surveys (Section 4), calculate the Household Cost Factor (HCF) 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 /State ¹] * 2) (Only use if a positive amount)									
AA. Population Adjustments [(Prior Population-Current Population)/Prior Population] * 6.7 (Only use if positive amount, i.e., a decline)									
¹ Population Adjustment: For SFY 2027 use the 2021 ACS 5-year estimate for Prior population and use the 2024 ACS 5-year estimate for Current population; for SFY 2026 use the 2020 ACS 5-year estimate for Prior population and use the 2023 ACS 5-year estimate for Current population.									
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									

¹State of Texas Unemployment Rate (Most recently available ACS 5-year Estimates). For SFY 2027 use 2021 as Prior and 2024 as Current; for SFY 2026 use 2020 as Prior and 2023 as Current

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.

Texas Water Development Board (TWDB)

Consolidation Worksheet

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.

Name of Entity: _____ PWS ID No.: TX

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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the entity propose to take over ownership of this public water system?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the entity providing or will it provide water service to this system through an interconnection with the entity's system?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the system experienced documented instances of water distribution outages?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the system's required production capacity equal to or more than 85% of the total documented production capability?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the system's required treated water storage capacity equal to or more than 85% of the total documented storage capacity (including total storage, elevated storage, and/or pressure tank)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the system experienced documented instances of water distribution pressures below 20 PSI?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the system experienced documented instances of water distribution pressures between 20 and 35 PSI?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the entity's system experienced documented instances of water contaminants exceeding the primary and secondary Maximum Contaminant Level (MCL)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does this project include water loss mitigation? (Y/N) If "Yes", describe below the mitigation, cost of the mitigation (either in dollars or as a % of the total project), and the estimated water savings from the mitigation.	<input type="checkbox"/>	<input type="checkbox"/>

For each "Yes" response to Questions 4-11, indicate the solution proposed by this project.	
Identified Problem (use # from above checklist)	Proposed Solution

Texas Water Development Board (TWDB)

Source Water Protection Worksheet

Name of Entity: _____ **PWS ID No.:** TX _____

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

System Information	Yes	No
1. Does the entity's PWS have confirmed detections of organic chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the entity's PWS have confirmed detections of nitrates (N) greater than 2 mg/l?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the entity's groundwater PWS receive a "Low" rating in the Structural Integrity column of the entity's SWSA?	<input type="checkbox"/>	<input type="checkbox"/>

System Vulnerability – Surface Water	Yes	No
1. Does the entity's surface water PWS have confirmed organic chemical detections?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the entity's surface water PWS have intakes located in a small watershed (i.e., approximately 100 square miles or less)?	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the entity's PWS have the ability to plug/cap abandoned water wells within a delineated source water protection area?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>