It is important that you read and understand the 2019 DWSRF Construction Guidelines before you complete this application worksheet. Fields marked with an asterisk (\*) are required fields. Submittals must be received or postmarked by November 30, 2019. A question and answer webinar will occur on November 6, 2019, from 10:00 a.m. until Noon.

To participate, join the meeting from your computer, tablet, or smartphone on November 6 by clicking on the following link: [global.gotomeeting.com/join/694244533](https://global.gotomeeting.com/join/694244533).

Submit questions in writing prior to the webinar to [dwsrf@doh.wa.gov](mailto:dwsrf@doh.wa.gov).

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| Registration - Organization Information | | | |
| \*Applicant Organization | | | |
| \*Address 1 | | | |
| Address 2 | | | |
| **\*City** | **State** | | **\*Zip Code +4** ([Link to USPS Zip Code Lookup](https://tools.usps.com/go/ZipLookupAction!input.action)) |
| \*County | | | **\*Phone Number** |
| **\*Email** | **\*Federal Tax ID #** | | **Organization Website Address** |
| Registration - Contact Information | | | |
| \*First Name | | **\*Last Name** | |
| \*Phone Number | | **\*Email** | |
| Address 1 | | **Address 2** | |
| **\*City** | **State** | | **\*Zip Code +4** ([Link to USPS Zip Code Lookup](https://tools.usps.com/go/ZipLookupAction!input.action)) |

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| **Applicant Organization Information** | |
| **\*Water System Name:** | **\*Water System ID#:** |
| **\*Data Universal Numbering System (DUNS) #:** | **\*Statewide Vendor #:** |
| \*Central Contractor Registration (CCR) Expiration Date: Click here to enter a date. | \*UBI#: 123 nowhe |
| **Initial Eligibility** | |
| ATTENTION: Answering NO to any of the following six questions or not providing documents requested will make you ineligible. Please contact your regional planner or engineer if you have questions.\*Is your Water System Plan (WSP) or Small Water System Management Program (SWSMP) approved and current?YES  NO\*Have you uploaded a copy of the approval letter for applicant’s WSP or SWSMP?YES NO Provide copy with application submittal \*Have you uploaded a copy of the page in the WSP or SWSMP that has the proposed project included?YES NO Provide copy with application submittal \*If your project requires Water Rights (such as a new source) have you secured your Water Rights?YES  NO N/A Provide copy of applicable information with application submittal. \*Applicant owns project site or has ability to control site through easement or lease for at least the duration of the loan?YES  NO Provide copy of applicable information with application submittal. \*Applicant has NO outstanding audit findings related to technical, managerial, or financial capacity?YES  NO | |
| Project Information | |
| **\*Project Name:** | |
| \*Brief Project Description (Max 500 Words): | |

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| **\*Legislative District (1-49):**  **\*Congressional District (1-10):** | | | | | |
| Project Site Name | | | | | |
| Project Site  Street Address | | | City | | State |
| **Zip Code +4** | **Latitude** | **Longitude** | | **\*Project County** | |
| **\*Main focus of the project (Select One):**  Construction-Transmission & Distribution  Construction-Source  Construction-Treatment  Land Acquisition  Planning & Design Only  Purchase of Systems  Restructuring/Consolidation/Receivership  Other  **If other (public health concerns), please provide comments:** | | | | | |
| **\*Actions proposed to address public health concerns**  **(Check all that apply):**  New Source  Source reconstruction or rehabilitation  Disinfection  Filtration  Other treatment  Treatment replacement or upgrade  Lead component or service line replacement  Security measures  Seismic improvements  Resiliency  Intertie  Redundancy  Reservoir interior rehabilitation  New reservoir  Consolidation or restructuring  Cross connection control  Pressure reducing station  New pump station  Pump Station improvements  Meters as part of bigger project  Water main installation or replacement  Treatment plant discharge improvements  Telemetry or controls  Other \*If Other actions proposed, please | | | | | |
| \*Is this a restructuring/consolidation/receivership project?YES NO\*If YES, provide general description of the final outcome of restructuring/consolidation/receivership activities:  \*Is Drinking Water System Repairs and Consolidation (DWSRC) funding (formerly known as WSARP) being requested for this project?YES NO Please indicate the amount of WSARP funding being requested on the budget table. For restructuring/consolidation/receivership project requesting DWSRC funding, upload connection and average water rate information for the system being restructured/consolidated/received | | | | | |
| \*Does this project address a compliance issue in a department issued correspondence?YES NO **\*If YES, what issue(s)?**  Compliance Order  Boil Water Advisory  Sanitary Survey Finding  Other  ***\*Upload Department Issued Compliance Document(s)*** | | | | | |
| **\*Exceeding a maximum contaminant level (MCL), secondary MCL, or action level or within 80% of nitrate or arsenic MCL?** YES NO **\*If YES, what type of contaminant(s)?**  Arsenic (As)  Copper (Cu)  Iron (Fe)  Manganese (Mn)  Lead (Pb)  Nitrate (as N)  Disinfection by-products  Radionuclides  Organic chemicals  Total Coliform  Other  **\*If Other, please describe:** | | | | | |
| **\*Treatment technique issue?** YES NO **\*If YES, select rule(s):**  Ground Water Rule  Revised Total Coliform Rule  Surface Water Treatment Rule  Other  **\*If other treatment technique issues, please describe:** | | | | | |
| Does this project require coordination with transportation improvements or fish passage barrier removal project?YES  NOIf YES, Please list other infrastructure projects and scheduling issues: | | | | | |
| **\*What “Green Infrastructure”/Investment Grade Efficiency Audit(s) (IGEA)/Water Use Efficiency (WUE) element(s) are included in the construction project?**  Reduced water loss  Reduced energy consumption  Fewer greenhouse gas emissions  Improve source water quality  Improve source water availability  Reduce operating costs  Innovation approaches to achieve environmental  protection  Other  N/A  **\*If other, please provide Green Infrastructure comments:** | | | | | |
| **\*Do you have meters on all existing water sources?** YES  NO | | | | | |
| **\*Does the water system have service meters on all existing services?** YES  NO | | | | | |

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| Readiness to Proceed Points |
| **Is the engineering report and/or project report approved?** YES NO **If YES, upload DOH approval of engineering or project report** |
| **Are the construction and/or bid documents complete and approved by DOH?**  YES NO  **If YES, upload DOH approval letter** |
| Indicate status of project permits **Upload approved project permits** |
| **Has your water system completed the SEPA and/or NEPA process for this project?** YES NO **If YES, upload final SEPA/NEPA letter** |
| **Has your water system completed the cultural/historical review process under Section 106 or Governor’s Executive Order 05-05?** YES NO **If YES, upload completed cultural/historical review** |
| **Does this funding complete a previous DWSRF construction or DWSRF emergency loan project?**  **YES NO**  **If YES, provide DWSRF Application number and explain why it’s incomplete:** |
| **Does this funding complete a previous preconstruction loan?** YES  NO **If YES, provide application number:** |
| **For consolidation projects, did this project receive a consolidation grant?**  **Yes No**  **If Yes, provide consolidation grant application or contract number.** |
| **Does this loan complete the funding package for this project?** YES NO For multi-funded projects, these points will be awarded if other funding sources are secured for the project and the DWSRF funding will complete the package. Letters of commitment from other funders must be attached to receive these points. |

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| **Bonus Points** |
| |  |  |  | | --- | --- | --- | | **Do you want to be considered for Restructuring or Consolidation Bonus Points?**  **If YES, list the names and PWSID #’s being taken over and restructured.**  **If uncertain, check Sentry Internet.** | | YES NO | | Name: | PWSID #: | | | Name: | PWSID #: | | | Name: | PWSID #: | | | Name: | PWSID #: | | | **Do you want to be considered for Regional Benefit Bonus Points?**  **If YES, list the names and PWSID #’s that benefit from the project.** | | YES  NO | | Name: | PWSID #: | | | Name: | PWSID #: | | | Name: | PWSID #: | | | Name: | PWSID #: | | |
| **Has your staff attended asset management training session?** YES NO **If YES, provide who, where, and when:** |
| **Does your system have an asset inventory?** YES NO **If YES, upload a copy of your asset inventory** |
| **Have you assigned a criticality number to your assets?** YES NO **If yes, upload a copy of criticality numbers assigned to you assets.** |
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| Financial Information | | | |
| **\*Project Budget (Enter date and amount for each activity included in your budget. If not listed, add below.)** | | | |
| **Activity** | **Date (Estimated)** | **Loan Request (Costs)**  **Amount** | |
| Engineering Report (preliminary engineering) | Click here to enter a date. |  | |
| Environmental Review | Click here to enter a date. |  | |
| Cultural Review | Click here to enter a date. |  | |
| Land/Right-of-Way Acquisition | Click here to enter a date. |  | |
| Permits | Click here to enter a date. |  | |
| Public Involvement/Information | Click here to enter a date. |  | |
| Bid Documents (design engineering) | Click here to enter a date. |  | |
| Construction | Click here to enter a date. |  | |
| Contingency (should be at least 10% of Construction cost) | Click here to enter a date. |  | |
| DOH Review/Approval Fees | Click here to enter a date. |  | |
| Other Fees: (sales or use taxes) | Click here to enter a date. |  | |
| Service Meters (purchase and installation) | Click here to enter a date. |  | |
| Audit Costs | Click here to enter a date. |  | |
|  | | **Subtotal** |  |
| Other (describe): | Click here to enter a date. |  |  |
| Other (describe): | Click here to enter a date. |  |  |
| Other (describe): | Click here to enter a date. |  |  |
| **Funding Request TOTAL** | | |  |
| **Loan Fee (1.00% of the total)** | | |  |
| **TOTAL FUNDING REQUEST (add the two lines above)** | | |  |

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| **For restructuring/consolidation/receivership projects, list amount of DWSRCfunding being requested** | | | | | | | |  |
| **\*Will you be using any other funding sources for your project? If YES, please list funding sources and amounts below.** | | | | | | YES  NO | | |
| Funding Source: | | | | Amount: | | | | |
| Funding Source: | | | | Amount: | | | | |
| Funding Source: | | | | Amount: | | | | |
| Funding Source: | | | | Amount: | | | | |
| **\*If the water system is a nonprofit corporation serving a non-community, upload a copy of the federal nonprofit certification to this application.** | | | | | | | | |
| **\*Applicant’s relationship to the water system (Select one type):**  Water Manager  Parent and/or subsidiary  Owner  Satellite System  Attend to Absorb/Restructure With | | | | **\*Years in business as a water system:**    **\*Number of years under current management:** | | | | |
| **\*List your System’s Reserve Accounts** | | | | **Amount** | | | | |
| Operating cash reserve balance | | | |  | | | | |
| Emergency reserve balance | | | |  | | | | |
| Capital reserve balance | | | |  | | | | |
| Equipment reserve balance | | | |  | | | | |
| TOTAL | | | |  | | | | |
| **Does your water system have managerial capacity?** | | | | | | | | |
| \*Are all of your water system board positions filled? YES NO | | | | | | | | |
| \*Does your board meet regularly? YES NO  If YES, When? | | | | | | | | |
| \*Are your board meeting minutes available for review? YES NO  **\*Upload meeting minutes approving submittal of the DWSRF application for the proposed project and proposed funding amount.** | | | | | | | | |
| **Does your water system have technical capacity?** | | | | | | | | |
| \*Do you have a certified operator? YES NO  If YES, list operator name and certification number | | | | | | | | |
| \*Do you keep the following records and are they available for review? YES NO  Operating (example: source and service meter reading)  Maintenance (example: how often is the pump replaced or serviced?) | | | | | | | | |
| **\*Connection Totals (List number of active residential, commercial, and other or vacant connections.)** | | | | | | | | |
| Connections | Current Year | Future Year 1 | Future Year 2 | Future Year 3 | Future Year 4 | | Future Year 5 | |
| Total Number of Active Residential Connections |  |  |  |  |  | |  | |
| Total Number of Active Commercial Connections |  |  |  |  |  | |  | |
| Total Number of Other or Vacant Connections |  |  |  |  |  | |  | |
| Total Number of Connections |  |  |  |  |  | |  | |
| **\*Water Rate Information (Provide Water Rate Information per residential connection.)** | | | | | | | | |
| Average monthly residential rate per connection (base rate) |  |  |  |  |  | |  | |
| Additional residential rate per 100 cubic feet (CF) |  |  |  |  |  | |  | |
| Average monthly cubic feet consumption per connection |  |  |  |  |  | |  | |
| Current average rate per connection before this project |  |  |  |  |  | |  | |
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| Was an income survey conducted on your system, jurisdiction, or project area? YES NO  **If YES, upload a copy of the final report of the income survey and MHI determination.** | | | | | | | | |
| Will the water system increase rates to repay this loan?  YES NO | | | | | | | | |
| \*Did or will the water system adopt rates to include the DWSRF loan repayment? YES NO  If YES, when will the new rates be effective?  **Upload meeting minutes of the rate increase** | | | | | | | | |
| How much annual revenue does this system expect this source to generate? | | | | | | | | |

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| **Current Outstanding Long Term Debt (For each obligation, list the annual principle and interest debt service, interest rate, maturity date and collateral, if any.)** | | | | | | | | | | | | | |
| Lender | Outstanding Balance | | Payment Amount | | | | Payment Schedule (Select One) | | Interest Rate Percent | Interest Rate (Select One) | | | Maturity Date |
|  |  | |  | | | | Weekly  Monthly  Quarterly | |  | Fixed  Variable | | |  |
|  |  | |  | | | | Weekly  Monthly  Quarterly | |  | Fixed  Variable | | |  |
|  |  | |  | | | | Weekly  Monthly  Quarterly | |  | Fixed  Variable | | |  |
| **Open Lines of Credit (List total amount available, current balance, and interest rate for each.)** | | | | | | | | | | | | | |
| Lender | Available Credit | | Current Balance | | | | Interest Rate Percent | | Interest Rate (Select One) | Maturity Date | | | Collateral Securing Debt |
|  |  | |  | | | |  | | Fixed  Variable |  | | |  |
|  |  | |  | | | |  | | Fixed  Variable |  | | |  |
|  |  | |  | | | |  | | Fixed  Variable |  | | |  |
| **List all entities where the applicant system has overlapping debt (Please indicate the amount and percent of outstanding debt for which your system is liable. Include 100% of debt if fully guaranteed by your system and 100 % of debt your system's parent company is obligated for as the parent of other subsidiary entities.)** | | | | | | | | | | | | | |
| **Entity Name** | | | | | | **Outstanding Debt** | | **Percent Share of Outstanding Debt** | | | | | |
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| Does the system have the ability to raise rate for loan repayment? YES NO | | | | | | | | | | | | | |
| Is there a pending motion (or resolution) to limit the water system’s ability to raise rates or expend from revenue the funds needed to repay a loan?YES  NO | | | | | | | | | | | | | |
| Has the applicant experienced severe fiscal distress resulting from a natural disaster (example: Governor-declared emergency, or emergency public works need in the past 12 months)? YES  NO | | | | | | | | | | | | | |
| Has the applicant received past or present technical assistance from the Rural Community Assistance Corporation (RCAC), Evergreen Rural Water of Washington (ERWOW), or any other consultant?  YES  NO  If YES, please provide comments: | | | | | | | | | | | | | |
| Did technical staff help you complete this form?  YES NO  **If YES, identify activities the technical staff provided for your water system or your board:**  Asset Management Training  Rate Setting  Assistance Completing Applications  Income Survey  Other  If other (activities), please provide comments: | | | | | | | | | | | | | |
| **Identify all events listed below that your water system experienced in the last five years.** | | | | | | | | | | | | | |
| Is the water system involved in any lawsuits or pending litigation that is in excess of $10,000? YES  NO  **If YES, upload a statement from your attorney describing the lawsuit.** | | | | | | | | | | | | | |
| Have company assets been sold? YES  NO | | | | | | | | | | | | | |
| Will company assets be sold in the future? YES NO | | | | | | | | | | | | | |
| Is the system under any regulatory or court compliance order? YES  NO  If YES, please explain:  **Upload documentation** | | | | | | | | | | | | | |
| **Business References for privately owned systems only, list the names and contact information of at least three references you did business with during the past year.** | | | | | | | | | | | | | |
| Business Organization | | | | Contact Person | | | | Phone (xxx-xxx-xxxx) | | | | Business account # | |
|  | | | |  | | | |  | | | |  | |
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| **Authorization of DOH by Borrower *for privately owned systems only.* To facilitate processing of this application, the borrower hereby authorizes DOH staff to request business and/or personal credit reports for all proposed responsible parties for the debt obligation. (List name of person(s) who give DOH authority to check credit history.)** | | | | | | | | | | | | | |
| **Name of Authorized Person(s)** | | | | | **Title** | | | | | | **Date** | | |
|  | | | | |  | | | | | |  | | |
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| **We certify that the applicant has not defaulted on any payment of matured principal and/or interest.**  YES NO  If NO, provide details: | | | | | | | | | | | | | |
| **\*To fully evaluate the financial status of the applicant, the DWSRF program requires the applicant upload the following items:**  All applicants; Balance Sheet Statements for last three years and current year if available.  All applicants; Book Asset Details or complete Fixed Assets Inventory List and Depreciation schedule.  All applicants; Income Statements for last three years and current year if available.  All applicants; Adopted Water Rate Structure for last three years and current/future year(s) if available.  Privately owned water system only; filed Tax Returns for last three years.  Privately owned water system only; copy of bank statements ending December 31 for the last three years.  Privately owned water system only; copy of bank statements ending December 31 for the last three years.  Privately owned water system only; Copy of Bylaws and Articles of Incorporation. | | | | | | | | | | | | | |
| **\*Attachment Checklist:**  Approval Letter  EZ1  Financial Information  Map  Meeting minutes  Water rate structure  Other | | **Other Documentation Comments:** | | | | | | | | | | | |