# Instructions

It is important that you read and understand the [DWSRF Emergency Loan and Funding Guidelines](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-545.pdf) before you complete this application form. Do not modify this form to change the font size, margins, or any other preset formatting.

The application consists of the following.

* This form, signed and dated.
* Supplemental financial information (part of this application form).
* The EZ1 Form (part of this application form).

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| **Applicant Information** | | | | | | | | | |
| Applicant Organization |  | | | | | | | | |
| Water System Name |  | | | PWSID# | |  | | | |
| Address |  | | | | | | | | |
| City |  | State |  | | Zip Code | |  | County |  |
| Phone |  | | Email | |  | | | | |
| Contact Name |  | | | Contact Phone | | | |  | |
| Consultant Name |  | | | Consulting Firm | | | |  | |
| Consultant Phone |  | | | Consultant Email | | | |  | |
| Tax Id Number |  | | | UBI Number | | | |  | |
| DUNS Number |  | | | Statewide Vendor Number | | | |  | |
| CCR Expiration Date |  | | | | | | | | |
| Legislative District |  | | | Congressional District | | | |  | |

**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.

**Applicant owns project site or has ability to control site through easement or lease for at least the** duration of the loan?  
YES  NOProvide copy of applicable information.

**Applicant has no outstanding audit findings (if applying for a loan)?**YES  NO

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| Project Information |
| Project Name: |
| What created this emergency?  Drought  Earthquake  Fire  Receivership  Landslide  Other: |
| **Describe the emergency concerns this project will address.** |
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| **Project Description** |
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| Project Budget and Schedule (List project activities along with the schedule.) | | | Loan Request (Costs) |
| **What** | **When** | **Details** | **How much** |
| **Engineering Report (Preliminary Engineering)** |  |  | $0.00 |
| **Environmental Review** |  |  | $0.00 |
| **Cultural Review** |  |  | $0.00 |
| **Land/Right-of-Way Acquisition** |  |  | $0.00 |
| **Permits** |  |  | $0.00 |
| **Public Involvement/Information** |  |  | $0.00 |
| **Bid Documents (Design Engineering)** |  |  | $0.00 |
| **Construction** |  |  | $0.00 |
| **DOH Review/Approval Fees** |  |  | $0.00 |
| **Contingency** |  |  | $0.00 |
| **Other Fees (Sales or Use Taxes)** |  |  | $0.00 |
| **Audit Costs** |  |  | $0.00 |
| **Other (describe):** |  |  | $0.00 |
| **Other (describe):** |  |  | $0.00 |
| **Other (describe):** |  |  | $0.00 |
| **Other (describe):** |  |  | $0.00 |
| **TOTAL PROJECT COST** | | | **$ 0.00** |
| **DWSRF Emergency Loan Funding Request**  See guidelines for more information. | | |  |
| Loan Fee (1.50% of the total) | | | **$ 0.00** |
| **TOTAL EMERGENCY LOAN FUNDING REQUEST** (Add the two lines above) | | | **$ 0.00** |

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| Additional information about your project | |
| **Is this the only funding required for this project?**  **Please describe:** | YES  NO |

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| **Does your system have other potential funding? (Such as Ecology’s emergency funding, insurance, FEMA, or a reserve funds account.)**  **Please describe:** | | YES  NO |
| Funding Source: | Amount: | |
| Funding Source: | Amount: | |
| Funding Source: | Amount: | |
| Funding Source: | Amount: | |
| Funding Source: | Amount: | |

Signature of Authorized Official Date

Consultants are not authorized to sign―signature must be water system owner or water system board member.

Please complete the following sections. When completed, save a copy of your application and send the signed application along with required attachments (including emergency declaration) to the following address.

**Attn: DWSRF Staff  
Department of Health  
Office of Drinking Water  
PO Box 47822  
Olympia, WA 98504-7822**

If you need any help with this form, please contact the DWSRF program at [dwsrf@doh.wa.gov](file:///C:\Documents%20and%20Settings\elr0303\Desktop\For%20Review\dwsrf@doh.wa.gov).

**NOTE:** All drinking water loan applicants must provide the following information. We can’t process your application unless all questions are answered. We will use the information you provide on this form to determine your suitability for a Drinking Water State Revolving Fund (DWSRF) funding.

**Attach this completed form to your funding application.**

**If you have questions about this form, or require more information, call   
Mike Copeland at 360-236-3083 or email** [**DWSRF@doh.wa.gov**](mailto:DWSRF@doh.wa.gov)**.**

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| Section 1: Applicant Information | |
| Legal name of the borrower |  |
| Name of the applicant/borrower |  |
| Business address |  |
| DWSRF Emergency Loan request (before loan fee) |  |
| For receivership projects, WSARP funding request |  |

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| Section 2: Business History and Applicant’s Relationship to the System | |
| Applicant’s relationship  to the water system | Water manager Parent and/or subsidiary  OwnerSatellite System  Intend to absorb/restructure with **.** |
| History | Years in business as a water system      .  Number of years under ***current management*** **.** |
| Is your system building your reserve accounts? | List your:  Operating cash reserve balance $  Emergency reserve balance $  Capital reserve balance $  Equipment reserve balance$ |
| Does your water system have managerial capacity? | **Please attach copies to your application of your:**  Adopted bylaws of your board. Verify bylaws allow your system to assume a loan for the requested amount.  Board meeting minutes that allow you to apply and accept a DWSRF loan.  Emergency declaration.  For receivership projects, copy of court order. |

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| Section 3: Demography and Water Consumption Information | | | | | | |
| Demography: (attach additional sheets as necessary) | 2016 | 2017 | 2018 Est. | 2019 Est. | 2020 Est. | 2021 Est. |
| Total number of *active residential* connections |  |  |  |  |  |  |
| Total number of *active commercial* connections |  |  |  |  |  |  |
| Total number of *other* connections, such as vacant lots |  |  |  |  |  |  |
| Total Number of *equivalent residential units* (ERUs) |  |  |  |  |  |  |

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| Rate Information | 2016 | 2017 | 2018 Est. | 2019 Est. | 2020 Est. | | 2021 Est. |
| Average monthly *residential rate* per ERU (base rate) |  |  |  |  |  | |  |
| Additional residential rate per 100 cubic feet (CF) |  |  |  |  |  | |  |
| Average monthly cubic feet consumption per ERU |  |  |  |  |  | |  |
| Currentaverage monthly rate per ERUbefore this project |  |  |  |  |  | |  |
| Was an Income Survey conducted on your system, jurisdiction, or project area?  If Yes, attach a copy of the final report or the Median Household Income (MHI) determination. Include the survey date and the name of surveyor on the first page of the final report or MHI determination. | | | | | | Yes  No | |

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| Section 4: Repayment Information | |
| Will the water system increase rates to repay this loan? | Yes  No |
| Did it adopt rates to include the DWSRF loan repayment? | Yes  No |
| If Yes, when will it begin to collect these new rates? |  |
| How much annual revenue does the system expect this source to generate? *Attach resolution or adoption of the rates (meeting minutes).* |  |
| If No, identify the revenue source(s) the water system will use to repay this loan. | |

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| Section 5: Debt Summary | | | | | | | | | |
| List all *current* outstanding long-term debt other than this application for a DWSRF Loan.  For each obligation, list the annual principle and interest debt service, interest rate, maturity date, and collateral (if any). | | | | | | | | | |
| Lender | Outstanding Balance | | Payment amount and schedule  (monthly, quarterly, weekly) | | | Interest rate (indicate if fixed or variable) | | Maturity Date | Collateral Securing Debt |
|  | $ | | $ | | | % | |  |  |
|  | $ | | $ | | | % | |  |  |
|  | $ | | $ | | | % | |  |  |
| List all open lines of credit.  List the total amount available, the current balance, and the interest rate for each. | | | | | | | | | |
| Lender | | Available Credit | | Current Balance | Interest rate  (indicate if fixed or variable) | | Maturity Date | | Collateral Securing Debt |
|  | | $ | | $ | % | |  | |  |
|  | | $ | | $ | % | |  | |  |

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| List all entities where the applicant system has overlapping debt either through a parent or subsidiary relationship or because of a contingent liability, and include the amount of debt each party owes.  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** | **% Share of Outstanding Debt** |
|  | $ | % |
|  | $ | % |

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| Section 6: Constraints | |
| Do debt limits, corporate articles, bylaws; contract or other loan agreements restrict your company’s borrowing ability? | **Yes  No** |
| If **Yes**, please describe here and attach any relevant documentation. |  |
| Is there a pending motion (or resolution) to limit the water system’s ability to raise rates or expend from revenues the funds needed to repay a loan? | **Yes  No** |
| If **Yes**, please explain and provide documentation. |  |
| Has the applicant experienced severe fiscal distress resulting from a natural disaster (e.g., Governor-declared emergency) or emergency public works need in the past 12 months? | **Yes  No** |

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| Section 7: Legal Information | |
| 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?  If **Yes**, attach a statement from your attorney describing the lawsuit. | Yes  No |
| Have company assets been sold? | Yes  No |
| Will company assets be sold in the near future? | Yes  No |
| Is the system under any regulatory or court compliance order? | Yes  No |
| Other? Please explain and provide documentation. | Yes  No |
| Explain: |  |

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| Section 8: Current Business References *(Privately Owned Water Systems Only)* | | | |
| List the names and contact information of at least three references you did business with during the last year. | | | |
| Business Organization | Contact Person | Telephone Number | Business Account Number # |
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| Section 9: Credit Check Sign Off (Privately Owned Water Systems Only) | |
| To facilitate processing of this application, the borrower hereby authorizes Department of Health staff to request business and/or personal credit reports for all proposed responsible parties for the debt obligation. | |
| Name of authorized person |  |
| Title |  |
| Date |  |

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| Section 10: Statement of Default | |
| We certify that       has not defaulted on any payment of matured principal and/or interest. If default did occur, please provide details here. | |
| Name of authorized person |  |
| Title |  |
| Date |  |

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| Section 11: Required Attachments | |
| To fully evaluate the financial status of the applicant, the DWSRF program requires the applicant to submit the following items. | |
|  | All applicants: Balance Sheet Statements for the last three years. |
|  | All applicants: Book Asset Details or complete Fixed Assets Inventory List and Depreciation Schedule |
|  | All applicants: Income Statements for the last three years. |
|  | All applicants: Adopted Water Rate Structure. |
|  | Privately owned water system only: Tax returns, if filed, for the last three years. |
|  | Privately owned water system only: Copy of Bylaws and Articles of Incorporation. |

Do you have additional comments or information you want us to know?

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If you have any questions, please call Mike Copeland at 360-236-3083 or email [**mike.copeland@doh.wa.gov**](mailto:DWSRF@doh.wa.gov)**.**

We may contact you in the next few weeks for additional information.

**Please remember if the department requests additional technical, managerial, and/or financial information, you must respond within 14 working days or we will bypass your project.**

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| **Property:** | **Funding Agency:** |

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| Contact Information | | | | | |
| Project Applicant |  | | | | |
| Contact Person |  | | | | |
| Address |  | | | | |
| City |  | State |  | ZIP |  |
| Phone |  | Fax |  | | |
| Email |  | | | | |

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| Funding Agency | | | | | |
| Contact Person |  | | | | |
| Address |  | | | | |
| City |  | State |  | ZIP |  |
| Phone |  | | | | |
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| Please describe the type of work to be completed. (Be as detailed as possible to avoid having to provide additional information.) | | | | | |
| Provide a detailed description of the project. | | | | | |
| Describe the existing site conditions. | | | | | |
| Describe the proposed ground-disturbing activities. | | | | | |
| Check if buildings will be altered or demolished. | | | | | |
| Project Location | | | | | |
| Township |  | Range |  | Section |  |
| Address |  | City |  | County |  |
| Please attach a copy of the relevant portion of a 7.5 Series USGS Quad map and outline the project impact area. USGS Quad maps are available online at [viewer.nationalmap.gov/basic](https://viewer.nationalmap.gov/basic/) | | | | | |

**Email this form to** [DWSRF@doh.wa.gov](mailto:DWSRF@doh.wa.gov).

Please be aware that this form may only initiate consultation. For some projects, DOH may require additional information to complete the review such as plans, specifications, and photographs.