

DELAWARE CLEAN WATER AND DRINKING WATER STATE REVOLVING LOAN FUNDS

APPLICATION FORM

For

GOVERNMENTAL ENTITIES



DNREC, State of Delaware
Office of the Secretary
Environmental Finance



Delaware Health & Social Services
Division of Public Health

Revised March 2023

INSTRUCTIONS FOR FINANCIAL ASSISTANCE

GOVERNMENTAL ENTITY APPLICANTS

The materials contained in this package provide instructions and forms for an application to the Delaware Clean Water and Drinking Water State Revolving Loan Fund for Governmental Entities. The information provided in this application will be the basis for decisions made by the Delaware Department of Natural Resources and Environmental Control (DNREC) and/or Division of Public Health (DPH).

Upon completing Parts I and II of the application, submit one (1) signed copy of the Loan Application and an electronic version of the signed loan application and all supporting documentation electronically to the email below:

DNREC_EF_Applications@delaware.gov.

The completed application and all supporting documentation must be received by the date specified in the Environmental Finance (EF) cover letter to ensure that the application is accepted and processed in a timely fashion.

An Adobe version of this application, its instructions, and guidelines are also available on the EF web site: <https://dnrec.alpha.delaware.gov/environmental-finance/wpcrf-application/>

The web-based fillable application cannot be emailed from the web page. Sign it and submit it with the required documentation as detailed in the instructions and above to DNREC_EF_Applications@delaware.gov.

DWSRF projects are to be submitted electronically to our resource mailbox at DHSS_DPH_DWSRF@delaware.gov

Part I. General Information

This part provides general information about the applicant, the proposed project, the amount of funding sought and the proposed loan security. Be sure to sign the certification (Item 13).

Part II. Financial Information

This part provides financial information which enables the DNREC and DPH to perform an analysis of the applicant's financial status, the impact of the project on customers and the applicant's ability to repay the loan. If additional space is needed, provide it on additional sheets indicating the part and the question and attach it to the application. If the responses may be found in your annual report or other document, please make reference to the specific applicable section(s) and include a copy thereof with the application. Please include electronic formats of the following documents with your application:

1. The most recent budget.
2. Current and proposed user rate schedule, only if the current is not on-line. Current within the last 2 years.
3. Most recent bond rating (if applicable)
4. The three (3) most recently completed audit, only if the current is not on-line. Current within the last 2 years.

Part III. Statistical Data

This part provides statistical data about current service areas and the impact of the proposed project. Answer the questions in the spaces provided. If extra space is needed attach additional sheets with the information (indicating the part and the question) to the application.

Part IV. Planning and Engineering Information

This part provides information about the status of the proposed project and the readiness of the applicant to proceed. Answer the questions in the space provided and submit additional supporting documentation required for the specific project category type that funding is being requested for, such as the Preliminary Engineering Report (PER), Drinking Water Capacity Development Report and Environmental Information Document (EID), with the application. Please refer to the documents listed in the Appendix for guidelines in the preparation of the PER, Drinking Water Capacity Report, the EID, selection of the project category type, and the Environmental Screening Checklist

Appendix - Guidelines

- A. Preliminary Engineering Report (PER) Guidelines (CWSRF and DWSRF)
- B. Drinking Water Capacity Development Report Guidelines (DWSRF only)
- C. Environmental Information Document (EID) Guidelines (CWSRF and DWSRF)
- D. Project Category Types (CWSRF AND DWSRF)
- E. Environmental Screening Checklist (DWSRF only)

**DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL DELAWARE
ENVIRONMENTAL FINANCE
&
DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH**

***** All blocks must be filled to complete application

PART I. GENERAL INFORMATION

1. Applicant

<i>Name of Entity:</i>			
<i>Address:</i>			
<i>City, State & Zip:</i>			
<i>Phone Number:</i>			
<i>Fax Number:</i>			
<i>EIN#:</i>		<i>UEI#:</i>	
<i>Type of Organization (Municipal, County, Other):</i>			

2. Project Title

3. Project Category (Please check all applicable types — see appendix D for guidelines)

Drinking Water:

CWA 212:

CWA 319:

CWA 320:

Land Conservation:

4. Project Description (Attach separate sheet if necessary)

5. Proposed Construction Dates *Start:* _____ *Completion:* _____

6. Project Costs

a.	Amount of Funding Requested	\$	_____
b.	Funding from other Sources		
i.	Source: _____	\$	_____
ii.	Source: _____	\$	_____
iii.	Source: _____	\$	_____
c.	Total	\$	_____

7. Type of Loan Security Anticipated (Please check applicable type)

- a. General Obligation Pledge:
- b. Revenue Pledge:

8. Primary Contact for Entity

<i>Name and Title:</i>	
<i>Address:</i>	
<i>City, State & Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	
<i>Email:</i>	

9. Consulting Engineer

<i>Name and Title:</i>	
<i>Firm Name:</i>	
<i>Address:</i>	
<i>City, State & Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	
<i>Email:</i>	

10. Legal Counsel if applicable *if not applicable fill boxes with "n/a"

<i>Name and Title:</i>	
<i>Firm Name:</i>	
<i>Address:</i>	
<i>City, State & Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	
<i>Email:</i>	

11. Applicant's Authorized Official's Contact Information and Certification

I certify the information that is contained in this application and on all attachments to this application are true and correct to the best of my belief and knowledge. I certify that I am legally authorized to sign, date and submit this application on behalf of the applicant. I understand that the State may verify the information provided and that untruthful or misleading information may be cause for rejection of this application. The undersigned also agrees to clarify or supplement information pertaining to this application upon request.

<i>Name:</i>	
<i>Title:</i>	
<i>Address:</i>	
<i>City, State & Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	
<i>Email:</i>	

Signature: _____ *Date:* _____

*If this signature is the not the authorized official to sign all binding documents, identify that individual below.

<i>Name:</i>	
<i>Title:</i>	
<i>Address:</i>	
<i>City, State & Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	
<i>Email:</i>	

Signature: _____ *Date:* _____

<p>PLEASE INCLUDE A COPY OF THE ENABLING AUTHORIZATION TO ACT ON BEHALF OF YOUR ORGANIZATION</p>

PART II. FINANCIAL INFORMATION

1. Project Budget

a.	Administration	\$
i.	Land, Right of Way	\$
ii.	Legal	\$
b.	Engineering	\$
i.	Basic	\$
ii.	Project Inspection	\$
iii.	Other	\$
c.	Construction	\$
i.		\$
ii.		\$
iii.		\$
iv.		\$
d.	Other	\$
i.		\$
ii.		\$
iii.		\$
e.	Contingencies (must be separated from construction)	\$
	Total	\$

2. Annual Estimated Costs for the Proposed Facilities

a.	Labor	\$
b.	Utilities	\$
c.	Materials/Equipment	\$
d.	Contractual Services	\$
e.	Miscellaneous Expenses	\$
	Total	\$

3. Total Estimated Annual Facility Costs (if Entity provides both utilities)

- a. Annual O, M & R for the Existing Facilities
- b. Existing Annual Debt Service
- c. O, M & R Costs for the New Facility
- d. Debt Service for the New Facility
- Total Estimated Annual Costs**

	WasteWater	DrinkingWater
\$		
\$		
\$		
\$		
\$		

4. Sources of Revenue as a Percentage of Total Revenue

Sewer:

- a. Residential Share: _____ % Industrial/Commercial Share: _____ %

Water:

- b. Residential Share: _____ % Industrial/Commercial Share: _____ %

5. Source of Revenue to Cover Cost of Facilities (average annual cost per EDU)

a. Service Charge (Sewer)	\$
b. Service Charge (Water)	\$
c. Impact Fees (Water)	\$
d. Impact Fees (Sewer)	\$
e. Other (describe below)	\$
Total	\$

- 6.** Provide the amount of limited indebtedness (if any) and the conditions for the limitation. \$ _____
and verification of any conditional debt limitation
Example: Charter state Bonded indebtedness shall not exceed xx% of the assessed valuation of the assessable real estate subject to taxation"

- 7.** Provide current outstanding debt \$ _____

PART III. STATISTICAL DATA

1. Service Area and Connections

- | | | |
|-----|------------------------------|----------------------|
| a. | Existing Wastewater Flow | MGD (Annual Average) |
| i. | Residential Flow | MGD |
| ii. | Industrial/Commercial Flow | MGD |
| b. | Existing Drinking Water Flow | MGD (Annual Average) |
| i. | Residential Flow | MGD |
| ii. | Industrial/Commercial Flow | MGD |
| c. | Total number of EDUs | EDU |

2. Rates

- a. Describe the procedures for setting and increasing water and/or wastewater rates for the system

Comment:

- b. When was the last rate change made

- | | | |
|-----|-------|-------|
| i. | Water | _____ |
| ii. | Sewer | _____ |

- c. Are there any rate increases being proposed to assist in retiring the new debt service and other cost (OM&R) associated with the proposed project? If so, what rates are being considered

- | | | |
|-----|-------|----------|
| i. | Water | \$ _____ |
| ii. | Sewer | \$ _____ |

- d. Existing average monthly charge per EDU for

- | | | |
|------|--|----------|
| i. | Water | \$ _____ |
| ii. | Sewer | \$ _____ |
| iii. | Average Front Footage Charge (if applicable) | \$ _____ |
| iv. | Average Front Footage Charge per Residential EDU (if applicable) | \$ _____ |

3. Median Household Income Project Service Area

a. Data Source: _____
Year: _____ Town: _____ County: _____

4. Tax Base for the Previous Five Years

<i>Year</i>	<i>Assess Value of Property</i>	<i>Appraised Value if Different</i>	<i>Tax Rate</i>	<i>Total Tax Levy</i>
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

PART IV. PLANNING AND ENGINEERING INFORMATION

1. Project Status

- a. Status of Plans and Specifications: (% Complete) _____
- b. Status of CPCN Rights: _____
- c. Permits and Permit Status
 - i. NPDES DE No.: _____
 - ii. Spray Irrigation: _____
 - iii. Other (please specify)

2. Planning Information

- a. Does this assistance require local, state, regional, or other planning approval? Yes ☐ No ☐
If yes, Approving Agency

- b. Is the approved project located in an area covered by an approved comprehensive plan? Yes ☐ No ☐
If yes, does the project conform to the plan? Yes ☐ No ☐

3. Describe briefly public health, environmental and safety problems which exist; and explain how the project addresses the problem. (Attach separate sheet if necessary)

4. **Describe briefly how the project will provide environmental and/or public health protection.** (Attach separate sheet if necessary)

5. **Will this project encourage consolidation of small systems or a regional approach to the treatment of wastewater and/or treatment and distribution of drinking water**

Yes ☐ No ☐ If yes, how? (Attach separate sheet if necessary)

6. Proposed Schedule

Item	Date (MM/YYYY)
Submittal of Engineering Documents	<hr/>
Submittal of Final Plans	<hr/>
Plans and Specs Approval	<hr/>
Advertise for Bids	<hr/>
Award Contracts	<hr/>
Start Construction	<hr/>
Complete Construction	<hr/>
Initiate Operations	<hr/>