

DELAWARE CLEAN WATER AND DRINKING WATER STATE REVOLVING LOAN FUNDS

APPLICATION FORM

For

PRIVATE & NON-PROFIT 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

PRIVATE AND NON-PROFIT ENTITIY 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 Funds for Private and Non-Profit 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. Applications will not necessarily be processed in Project Priority List Ranking order.

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

The web-based fillable application cannot be emailed from the web page. Please download the form to your computer, complete it, save it, sign it and submit it with the required documentation as detailed in the instructions and above.

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. This financial information 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. Attach a letter describing the history and description of the applicants business
2. Applicant's Articles of Incorporation and Organizational Chart.
3. Copy of current year financial statements and/or three (3) most recently completed audits and/or signed tax return, only if not currently on-line.
4. Projections of revenue and expenses for the balance of the current fiscal year and the next succeeding twelve month period. The budget projections must include the issuance of any new debt and/or anticipated borrowing needs over the next twenty four month period other than the SRF loan.
5. Completed copy of attached "Authorization to Release Information" form.
6. Completed copy of the "Environmental Screening Checklist" form. See Appendix (only for DWSRF projects)
7. Schedule of property owned and/or mortgaged if not shown in fiscal financial statement.
8. List of affiliates and subsidiaries of the applicant if not listed in the application.
9. Explanation of any contingent liabilities or litigation.

Part II. 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**

PART I. GENERAL INFORMATION

1. Applicant

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

2. Type of Organization

EIN Number: _____ UEI Number: _____

Corporation: ☐

Sole Proprietorship: ☐

Partnership: ☐

Limited Liability Company: ☐

Non-Profit: ☐

Is the applicant a subsidiary or direct affiliate of any other organization? Yes ☐ No ☐

If yes, indicate name, address, and tax identification of the related organization and the relationship below or on separate sheets of paper

3. Project Title _____

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

Drinking Water: ☐

CWA 212: ☐

CWA 319: ☐

CWA 320: ☐

5. Project Description (Attach separate sheet if necessary)

6. Proposed Construction Dates

Start: _____ *Completion:* _____

7. Project Costs

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

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

a. General Obligation Pledge: ☐ b. Revenue Pledge: ☐ Other: ☐

If "other" please describe:

9. 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>	

10. 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>	

11. Legal Counsel *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>	

12. Officers, Directors, and Partners

- a. List all officers, directors, and partners of the applicant. Use additional sheets, if necessary, and attach them to the application.

<i>Name:</i>	
<i>Office Held/Position & % Ownership:</i>	
<i>Address:</i>	
<i>City, State & Zip:</i>	

<i>Name:</i>	
<i>Office Held/Position & % Ownership:</i>	
<i>Address:</i>	
<i>City, State & Zip:</i>	

<i>Name:</i>	
<i>Office Held/Position & % Ownership:</i>	
<i>Address:</i>	
<i>City, State & Zip:</i>	

- b. Has the applicant or any of the persons or entities above, to the knowledge of the applicant:

	Yes	No
1. Been charged with, convicted of, a plaintiff in, or entered a plea of guilty to any criminal or civil offense other than a minor motor vehicle violation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been or is now subject to or has pending, any disciplinary action by any administrative, governmental, or regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been or is now disbarred, suspended, or disqualified from contracting with any federal, state, or municipal agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Been or is now in receivership, insolvency, reorganization, or adjudicated bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is "Yes" to any question above, furnish details on a separate sheet(s) and attach it to the application.

13. 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.

PLEASE INCLUDE A COPY OF THE ENABLING AUTHORIZATION TO ACT ON BEHALF OF YOUR ORGANIZATION
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<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:* _____

PLEASE INCLUDE A COPY OF THE ENABLING AUTHORIZATION TO ACT ON BEHALF OF YOUR ORGANIZATION
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PART II. PLANNING AND ENGINEERING INFORMATION *if not applicable fill boxes with "n/a"

1. Project Status

- a. Status of Plans and Specifications: (% Complete) _____
- b. Status of CPCN Rights: _____
- c. Permits and Permit Status
 - i. NPDES DE No.: (CWSRF Only) _____
 - 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. Total number of EDUs

7. Proposed Schedule

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

8. 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	\$

LIST OF ALL OUTSTANDING OBLICATIONS
(Notes, Mortgages, and Accounts Payable)

Company Name:

Dates:

COLLATERAL/SECURITY	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	CURRENT OR DELINQUENT	MONTHLY PAYMENT	MATURITY DATE	CREDITOR (NAME/ADDRESS)

Signature:

Date: