It is important that you read and understand the DWSRF Preconstruction Loan Guidelines before you complete this application worksheet. **Submit all applications using the DWSRF online WALT portal**. Guidelines are posted on the [DWSRF webpage](https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemAssistance/DrinkingWaterStateRevolvingFundDWSRF). Data fields marked with “\*” are required.

Submit questions to 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%21input.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%21input.action))  |
| **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#:  |

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| **Initial Eligibility** |
| ATTENTION: Answering NO the following questions will make you ineligible. Please contact your regional planner or engineer if you have questions.\*Are you a Group A community water system or not-for-profit non-community water system?[ ] YES [ ]  NO\*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):   |
| **\*Legislative District (1-49):**  **\*Congressional District (1-10):**  |
| Project Site Name  |
| Project Site Street Address  |  City  | State  |
| **Zip Code +4**  | **Latitude**  | **Longitude**  | **\*Project County**  |

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| **\*Main focus of the preconstruction project (Select One):**[ ] Transmission & Distribution[ ] Source[ ] Treatment[ ] Land Acquisition[ ] Planning [ ] Purchase of Systems[ ] Restructuring/Consolidation/Receivership [ ] Other**If other (public health concerns), please provide comments:**  |
| \*Is this a restructuring/consolidation/receivership project? [ ] YES [ ] NO\*If YES, provide general description of the final outcome of restructuring/consolidation/receivership activities and provide a copy of the signed transfer of ownership agreement or court order for receivership:   |
| \*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:**  |
| **\*Are you experiencing water shortage due to a declining aquifer in one of the following communities? Connell, Ephrata, Kahlotus Lind, Mesa, Moses Lake, Othello, Quincy, Ritzville, Washtucna. A Water Shortage response plan will be required as part of the project.****If yes, upload documentation such as well water measurements, water saving measures**  |

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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. |   |
| Planning Document | 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. |   |
| Asset Management | 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. |   |
| 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** |   |
| **TOTAL FUNDING REQUEST (add the two lines above)** |   |

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| **\*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 [ ] NOIf 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?) |

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| **\*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 |   |   |   |   |   |   |
|  |  |
| Was an income survey conducted on your system, jurisdiction, or project area? [ ] YES [ ] NOIf 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 [ ] NOIf 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** |
|   |   |   |
|   |   |   |
|   |   |   |
| 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 [ ]  NOIf YES, please provide comments:  |

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| 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[ ] OtherIf 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 [ ]  NOIf 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 # |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **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** |
|   |   | Click for Date |
|   |   | Click for Date |
|   |   | Click for Date |
| **We certify that the applicant has not defaulted on any payment of matured principal and/or interest.** [ ] YES [ ] NOIf 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. |
|  | **Other Documentation Comments:**  |

If you need this publication in an alternative format, call 800.525.0127 (TDD/TTY call 711). This and other publications are available at [doh.wa.gov/drinkingwater](http://www.doh.wa.gov/drinkingwater).