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](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)) | |
| **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 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?) | | |

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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 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: | | | | | | | | |

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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  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** | |
|  | | |  | | 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 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. | | | | | | |
|  | **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).