



# APPLICATION FORM

## Clean Water State Revolving Fund Loan Program (CWSRF)<sup>1</sup>

*Return completed form:*  
**CWSRF Program Manager**  
**100 North Senate Avenue, Rm. 1275**  
**Indianapolis, IN 46204**

**Section I. APPLICANT INFORMATION**

1. Applicant name (political subdivision): \_\_\_\_\_
2. Type of Applicant (check one):  City  Town  County  Conservancy District  Regional Sewer District  Other
3. Wastewater Treatment Provider: Current: \_\_\_\_\_ Proposed: \_\_\_\_\_
4. NPDES Number: \_\_\_\_\_
5. Does the community have any inter-local agreement(s)?  Yes  No
  - a. If yes, do they expire after the maturity of the SRF loan?  Yes  No

Note: If no, agreements will need to be renewed to ensure they expire after the final maturity of the SRF Loan
6. Location of the Proposed Project: City / Town: \_\_\_\_\_  
 County(ies): \_\_\_\_\_ Civil Township(s): \_\_\_\_\_  
 State Representative District: \_\_\_\_\_ State Senate District: \_\_\_\_\_ Congressional District: \_\_\_\_\_
7. Service Area Population (<http://data.census.gov>) : \_\_\_\_\_
8. Population Trend, select one (<http://data.census.gov>):  Increasing  Decreasing
9. Median Household Income for Service Area (<http://data.census.gov>): \_\_\_\_\_
10. Unemployment Rate Data (<http://data.bls.gov>): \_\_\_\_\_
11. Number of Connections: (Current): \_\_\_\_\_ (Post –Project): \_\_\_\_\_
12. Current User Rate/4,000 gallons: \_\_\_\_\_ Estimated Post-Project User Rate/4,000 gallons: \_\_\_\_\_
13. Average Residential User Bill for the last 12 months: \_\_\_\_\_
14. Applicant’s Unique Entity Identifier<sup>2</sup>: \_\_\_\_\_
15. Have Architectural and Engineering (A&E) services been procured?  Yes  No
16. If A&E services were procured, was procurement done pursuant to 40 USC Chapter 11?  Yes  No
17. Has a copy of the utility’s Asset Management Program Certification been attached?<sup>3</sup>  Yes  No
18. What was the date of the last IFA Regional Planning Meeting attended by the utility?<sup>4</sup> \_\_\_\_\_
19. What was the end date of the last full State Board of Accounts Audit? \_\_\_\_\_
20. Is land acquisition and/or easements needed for this project?  Yes  No

If yes, have all land rights been acquired?  Yes  No

<sup>1</sup> By submitting this form, the Community is applying to multiple funding sources administered by the Authority, including the state Water Infrastructure Assistance Program. The Authority will determine the fund source that best serves the proposed project.  
<sup>2</sup> SRF Participants must register with SAM.gov to secure a Unique Entity Identifier (UEI). For more information about how to obtain a UEI and register in SAM.gov, see [www.srf.in.gov](http://www.srf.in.gov)  
<sup>3</sup> Per IC 5-1.2-10-16, all PERs submitted to the IFA’s SRF Programs must include a completed Asset Management Program (AMP).  
<sup>4</sup> Per IC 5-1.2-11.5-7 and 5-1.2-11-8, the Applicant has or will participate in a cooperative/ regional activity (e.g., attend an IFA Regional Planning Meeting [[www.in.gov/ifa/3035](http://www.in.gov/ifa/3035)] or cooperative activity) acceptable to the Authority.

**Section II. CONTACT INFORMATION**

**Authorized Signatory** (An official of the Community or wastewater system that is authorized to contractually obligate the applicant with respect to the proposed project.):

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone # (include area code): \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Applicant Staff Contact** (person to be contacted directly for information if different from authorized signatory):

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone # (include area code): \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Certified Operator:**

Name: \_\_\_\_\_  
Telephone # (include area code): \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Grant Administrator** (if applicable):

Contact: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone # (include area code): \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Consulting Engineer:**

Contact: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone # (include area code): \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Bond Counsel:**

Contact: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone # (include area code): \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Financial Advisor:**

Contact: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone # (include area code): \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Local Counsel:**

Contact: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone # (include area code): \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Section III. PROJECT INFORMATION**

• **Project Need:**

Complete as many of the following categories that apply to your project. Provide a brief description of the needs/problems associated with each. Descriptions can be found in [Appendix A](#). Please attach additional sheets if necessary.

Secondary Treatment:	
Advanced Treatment:	
Infiltration/ Inflow Correction and/ or Major Sewer System Rehabilitation:	
New Collection and/or Interceptor Sewers:	
Combined Sewer Overflow Correction	
Storm Water Management	
Nonpoint Source Management	

- **Proposed Project:** Describe the scope of the proposed project and how it will address the applicant’s needs as enumerated above. Please provide a map/ figure showing proposed work areas. *Please attach additional sheets if necessary.*

Click here to enter text.

• **Environmental Benefits**

- Public Health / National Pollutant Discharge Elimination System (NPDES) Violation / Agreed Order

a. Will this project achieve compliance? Yes No

**OR**

b. Maintain compliance? Yes No

- Permit Information

a. Will the NPDES permit be revised as part of this project? Yes No

b. If the plant will increase its treatment capacity, have preliminary effluent limitations been requested from IDEM’s Office of Water Quality Modeling Section? Yes No

c. Will the project require an Antidegradation Demonstration prior to approval? Yes No

- Does any part of the proposed project address:

a. Elements of the CSO Long Term Control Plan? Yes No

b. Stormwater MS4 (Rule 13) Best Management Practices? Yes No

c. An existing Watershed Management Plan? Yes No

- What receiving stream(s) does the wastewater treatment plant and/or CSOs project impact (if any)?:

**Section IV. COST INFORMATION**

1. **Project Cost Estimate:** Include estimates for ALL projects identified in the Project Information, Section III, A.

*Indicate estimates for each project. Please attach additional sheets if necessary.*

**Estimated Construction Costs:**

- (I) Secondary Treatment \$ \_\_\_\_\_
- (II) Advanced Treatment \$ \_\_\_\_\_
- (IIIA) Inflow / Infiltration Correction \$ \_\_\_\_\_
- (IIIB) Major Sewer System Rehabilitation \$ \_\_\_\_\_
- (IV-A) New Collection Sewers \$ \_\_\_\_\_
- (IV-B) New Interceptor Sewers \$ \_\_\_\_\_
- (V) Combined Sewer Overflow Correction \$ \_\_\_\_\_
- (VI) Storm Water Management \$ \_\_\_\_\_
- (VII-A-K) Nonpoint Source Needs \$ \_\_\_\_\_

**Contingencies** \$ \_\_\_\_\_

**TOTAL CONSTRUCTION:** \$ \_\_\_\_\_

**Estimated Non-Construction Costs:**

Financial, Legal, etc. \$ \_\_\_\_\_

Engineering \$ \_\_\_\_\_

Other Non-construction Costs \$ \_\_\_\_\_

(Describe: \_\_\_\_\_)

Land/ Easement Acquisition \$ \_\_\_\_\_

**TOTAL NON-CONSTRUCTION:** \$ \_\_\_\_\_

**TOTAL PROJECT COST (Estimated):** \$ \_\_\_\_\_

2. Please identify any other funding sources being considered, the amount requested and the anticipated funding time frame:

	Application Submittal (date)	Amount Requested (dollars)	Amount Awarded (if applicable)
Office of Community and Rural Affairs			
U.S. Dept. of Commerce Economic Development Administration			
U.S. Dept. of Agriculture Rural Development			
Local Funds			
Other: _____			

3. Anticipated SRF Loan Amount (after other funding): \_\_\_\_\_

4. Will this project proceed if other funding sources are not in place?  Yes  No

**Section V. ADDITIONAL FINANCIAL QUESTIONS**

Please confirm your answers with the utility’s legal and financial advisers prior to submitting your responses.

- A. Will this SRF loan be repaid from net revenue of the applicant’s utility being improved by the SRF project?:  
 Yes       No

If “yes”, then please answer the following additional questions:

- Are there any other debt obligations of this utility (i.e., bank loans, guarantee savings contracts, installment payment contracts, bank or financing purchase leases, loans from other utilities of the applicant)?  
 Yes       No
- Is an estimated debt service coverage percentage currently available (coverage is computed by taking Net Revenues and dividing it by maximum annual debt service inclusive of both the planned new and any outstanding revenue bonds)?  
 Yes       No
  - if available, the coverage estimate is \_\_\_\_\_ percent.

Please know that prior to any loan preclosing, a formal pro forma coverage showing of at least 125% is required by SRF.

- B. Will net revenues be the sole source of repayment?       Yes       No

If “no” was marked in Questions A and B, then please answer the following additional questions:

- What is the planned source(s) to provide funds to make SRF loan repayments? Check below as applicable:
  - property taxes. If checked:
    - Is a preliminary determination & remonstrance process under IC 6-1.1-20 required?  
 Yes       No
    - Has that preliminary determination & remonstrance process under IC 6-1.1-20 been completed?  
 Yes       No
  - tax increment revenues. If checked:
    - Has a TIF area already established?       Yes       No

If already established:

- 1) Please provide history of tax increment revenues (at least five (5) years)
- 2) Provide a schedule of projected tax increment revenues, debt service (which includes existing obligations pledged with tax increment revenues) and a showing that the 125% coverage requirement is met.

other (describe: \_\_\_\_\_).

- C. Will proceeds be used to payoff an existing BAN?       Yes       No

- if “yes”, provide amount of the payoff \_\_\_\_\_.
- And, provide the purpose for which the BAN was used:  Construction     Non-construction  
 If Construction is selected, the subject of the BAN will require SRF review prior to construction.

**Section VI. SIGNATURE**

**I certify that I am legally authorized by the legislative body to sign this application. To the best of my knowledge and belief, the foregoing information is true and correct.**

\_\_\_\_\_  
**Signature of Authorized Signatory (Community Official)**

Click or tap here to enter text.

\_\_\_\_\_  
**Printed or Typed Name**

Click or tap here to enter text.

\_\_\_\_\_  
**Title of Authorized Signatory**

Click or tap here to enter text.

\_\_\_\_\_  
**Date**

## Appendix A

This appendix is intended to assist with the completion of Section III and Section IV of the Indiana Wastewater/Clean Water SRF application.

### Category Definitions

**Secondary Wastewater Treatment:** Required to meet the minimum level of treatment that must be maintained by all treatment facilities. Secondary treatment typically requires a treatment level that produces an effluent quality of 30 mg/l of both 5-day BOD and total suspended solids.

**Advanced Treatment:** Required to achieve treatment levels more stringent than secondary treatment or produces a significant reduction in nonconventional or toxic pollutants present in the wastewater treated by a facility. A facility is considered to have advanced wastewater treatment if its permit includes one or more of the following: BOD less than 20 mg/l, the removal of nitrogen, phosphorus, ammonia, metal, and/or synthetic organic compounds.

**Conveyance System Repair: Infiltration / Inflow Correction:** Required for the correction of sewer system infiltration and inflow (I/I) problems. Infiltration includes the penetration of water into a sanitary or combined sewer system from the ground through defective pipes or manholes. Inflow includes the penetration of water into the system from drains, storm sewers, and other improper entries. All costs that are necessary for removing excessive I/I from the sewer system such as replacement or relining sewer selections, flow routing systems, downspout disconnections, elimination of sanitary/storm sewer cross connections etc.

**Conveyance System Repair: Major Sewer System Rehabilitation:** Required for replacement and/or major rehabilitation of existing sewer system throughout the municipality.

**New Collectors and Appurtenances:** Required for construction of new collector sewer systems and appurtenances, designed to correct violations caused by raw discharges, seepage to water from septic tanks, and similar problems, and/or to comply with federal, state or local enforcement actions.

**New Interceptor Sewers:** Required for construction of new interceptor sewers and pumping stations necessary for the bulk transport of wastewater.

**Combined Sewer Overflow Correction:** Required for construction of facilities to prevent and control periodic bypassing of untreated wastes from combined sewers in order to achieve water quality objectives. This category does not include treatment and/or control of stormwater.

**Stormwater Management:** Required for implementing structural and nonstructural measures to control the runoff water resulting from precipitation. Includes controlling stormwater pollution from diffuse sources by reducing pollutants from runoff, detecting and removing illicit discharges and improper disposal into storm sewers and monitoring pollutants in runoff. Category can include stormwater conveyance infrastructure, stormwater treatment systems, and green infrastructure.

**Nonpoint Source:** Nonpoint Source water pollution comes from many diffuse sources and results when human-made pollutants are carried to waterways by the natural movement of water. Nonpoint Source pollution results from land runoff, precipitation, atmospheric deposition, drainage, seepage or hydrologic modification. This category can include correction of failing septic systems, brownfield remediation, wetland restoration/protection, erosion control measures, groundwater remediation, wellhead protection measures, agricultural and waste management best management practices.