

**ARKANSAS NATURAL RESOURCES COMMISSION
FUNDING APPLICATION**

I. PROJECT & GENERAL INFORMATION

This application is designed for projects that will pledge water and/or sewer system revenues, Sales Tax revenues or Property Tax revenues. When asked to provide information on the system, provide information for the system(s) which will be pledging revenues to the loan.

Applicant/Entity Name: _____

FEIN: _____ DUNS Number: _____ County: _____

Contact Person: _____ Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____ E-mail: _____

Date of Water/Wastewater Advisory Committee (WWAC) review: _____

Project Name: _____

Brief description of project: (A brief narrative, including the population, project location, discussing the background and need for the project; include specific reason(s) for the project and any existing problems. If the project is needed to meet federal or state health and/or safety requirement, the specific health or safety requirements the project will address must be included. If you require additional space, please attach a separate sheet).

Applicant is advised to contact ANRC Environmental Review Specialist, Keith Sanders (keith.sanders@arkansas.gov), as early as possible to determine the scope and level of environmental review required as that determination may affect the proposed project costs.

PROPOSED PROJECT FUNDING BREAKDOWN: Show the proposed ANRC loan amount, the Applicant contribution and any other source of funding for the proposed project. If another funding agency is involved, list the agency and describe the status of that funding application (not applied, applied, approved or awarded).

The Total Project Funding must equal the Proposed Project Cost, Total Capital Cost for the project.

Funding Source	Funding Amount	Status
Proposed ANRC Funds:	\$	N/A
Applicant Contribution:	\$	N/A
USDA – Rural Development Grant:	\$	
USDA – Rural Development Loan:	\$	
ADED Grant (CDBG):	\$	
Other:	\$	
Total Project Funding	\$	

PROPOSED PROJECT COSTS: Line item budget estimates for the project, not just loan amount.

Construction Period (months to construct)		
Construction		\$
Contingencies	(Check to override 10%)	\$
Engineering-Planning, Design, and Construction	(Check to override)	\$
Engineering-Inspection	(Check to override)	\$
Legal	(Check to override)	\$
Administrative		\$
Other :		\$
Other :		\$
Estimated Capitalized Interest during Construction **	(Check to override)	\$
Total Estimated Capital Cost of Project:		\$
<i>Note- a 3% issuance fee will be added for state funded projects</i>		

** Interest accrued during construction may be paid directly by the applicant or paid from the loan proceeds.

Are the Engineering Fees above adequate if the project is funded from the State Revolving Fund (Federal funds)?

Yes No

If not, how much additional funding would be necessary: _____

Describe Capital Cost increases in the above budget estimates that would necessitate additional funding:

AUDITOR (required)
Company Name:
Contact Person / Title:
Mailing Address:
City, State, Zip:
Telephone No.:
Fax No.:
E-mail:

Additional Contact Information (Optional)	
BOND COUNSEL	CONSULTING ENGINEER
Firm's Name:	Company Name:
Contact Person:	Contact Person
Title:	Title:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Telephone No.:	Telephone No.:
Fax No.:	Fax No.:
E-mail:	E-mail:

ARKANSAS ELECTORAL DISTRICTS #

Senate Dist.: _____ House Dist.: _____ U.S. Congressional Dist.: _____

II. CUSTOMER INFORMATION

SYSTEM CUSTOMER BASE: If available, provide one copy of any financial design report or rate study that identifies the current and projected customer base and water loss. Complete “Current” as instructed and, **ONLY** if the project will increase the number of customers after completion, then complete “Projected”.

System Population: _____ **Community Population:** _____

CURRENT: List each user class or meter size in your rate structure (residential, commercial, industrial, low income, etc.), along with the number of users and billable water in each class. *If you require additional space, please attach a separate sheet with the list.* “Billable water” is defined as adding together by class or meter size the water (or sewer) usage on each individual water (or sewer) bill for the most recent twelve (12) month period beginning with the latest month.

User Class or Meter Size	No. of Customers	Billable Water Last 12 Months (in Gallons)

PROJECTED: Provide post construction projected number of system customers available, if applicable

User Class or Meter Size	No. of Customers	Note

III. CURRENT USER CHARGES AND CUSTOMER INCOME:

Do you have a user charge ordinance Yes No

Ordinance Number: _____ Date of Ordinance: _____

Attached is a copy of the current user charge ordinance showing the rate structure for the system.

IV. FINANCIAL INFORMATION:

What is the Systems’ reporting year(For Example July 1 to June 30)? _____

Do you have certified audits of the System’s Financial Statement for the two (2) most recent fiscal years?

Yes No

If Yes, Attached is one (1) copy of the certified audits of the System’s Financial Statement for the two (2) most recent fiscal years. *Note: a copy of these documents must be submitted with each application, the signatory authority will certify that the information in this application is true and correct, including the financial documents.*

If No, Attached is one (1) copy of the uncertified audits of the System’s Financial Statement for the two (2) most recent fiscal years.

Please contact the ANRC Financial Analyst, at 501-682-0550 or anrc.applications@arkansas.gov, if you have any questions on what should be provided.

V. REVENUE SOURCES FOR THE SYSTEM:

Do you have other sources of revenue Yes No

Attached is a copy of Sales Tax ordinance(s) and Property Tax ordinance(s) that provide revenues to the system, all revenues may be considered for annual debt service.

Describe how these revenues are used:

VI. DEBT FOR THE SYSTEM:

Do you have other Debt not included the Financial Statements? Yes No

Attached is one copy of the amortization schedule for each debt(s) payable from system revenues.

Do you have a debt service reserve fund or account? Yes No

If yes, provide the name and current balance of each fund or account.

Attached is a copy of the debt service reserve account statement(s).

Do you have a depreciation reserve fund or account? Yes No

If yes, list the name and current balance of each fund or account:

Attached is a copy of the statement for each fund or account listed above.

VII. SIGNATORY AUTHORITY:

Do you have a current signatory authority resolution? Yes No

Ordinance Number: _____ Date of Ordinance: _____

Attached is a copy of the current signatory authority resolution.

VIII. ASSURANCES

Applicant agrees to:

1. Acquire all goods and services for this project in accordance with the Arkansas laws regarding procurement of Professional Services, Construction Services and Goods and Equipment.
2. Not enter into any construction contracts until all property necessary to construct the project has been acquired and acceptable certification has been furnished to and approved by ANRC.
3. Have the right of eminent domain and will take condemnation action, if necessary, to acquire all land, easements, and right-of-way required to construct the project.
4. Make a declaration of official intent for preliminary expenditures, expenditures paid sixty days prior to passage of the "Resolution of Intent" may not be eligible for reimbursement.
5. Maintain adequate financial records and obtain independent audits annually that conform to Generally Accepted Government Accounting Standards and submit the audits to the Arkansas Natural Resources Commission. Obtain annual independent audits of the System that conform to Office of Management and Budget, Circular A-133 audit standards (Single Audits) as long as funds are disbursed and will submit the audit to the Water Resources Development Division.

IX. CERTIFICATION

I certify that I am the duly authorized representative of the within-named Applicant, and that I have read and understand these requirements and assurances. To the best of my knowledge and belief, the information in this application is true and correct. I understand the State may review any relevant documents or instruments relating to the analysis of this application.

I further certify that the proposed project/action will not significantly affect environmentally important natural resources areas such as wetlands, floodplains, significant agricultural lands, aquifer recharge zones, wild and scenic rivers, and significant fish or wildlife habitat.

Name of Applicant	Name and Title of Duly Authorized Representative
Signature	Date

NOTE: A copy of the current governing body's authorization for the above authorized representative to sign this application must be attached.