



2015 Drinking Water Revolving Fund - Pre Qualification Form

Entity Name:

Project Type { Treatment
 Check all that apply { Distribution / Transmission
 Water Supply
 Water Storage

Please enter the following information for your organization if you have it. Visit <http://fedgov.dnb.com/webform> and <https://www.sam.gov/portal/public/SAM/> for details. Note: you will be required to obtain both of these items prior to loan execution.

DUNS # System for Award Management (SAM) Registration:

Applicant Information:

Official Contact Name: Title:
 Address: City: State: Zip:
 Phone: Alt. Phone:
 Email:

Alternate Contact Name: Title:
 Address: City: State: Zip:
 Phone: Alt. Phone:
 Email:

Authorized Signature (Chief Elected Official or Chief Administrative Officer):

Name: _____ Title: _____ Date: _____

Certification: by entering my printed name above, I certify that I am an authorized representative and to the best of my knowledge, the information provided herein is true and correct.

FOR INTERNAL USE ONLY	
Project #:	Date sent to ES for Review:



Section 1: Executive Summary of Proposed Project (Please be as detailed as possible.)

Section 2: Project Purpose and Need

Is the proposed project to address an Enforcement Order (E.O.)? (If yes, explain below.)

If the water system is under an Enforcement Order (E.O.), enter the E.O. #:

Is the proposed project to address a Compliance Advisory? (If yes, explain below.)

Is the proposed project to address the results of a Sanitary Survey? (If yes, explain below.)

Please explain the issue, and the proposed resolution for any of the above items.

Section 3: Proposed Selected Alternative

Please discuss why the selected alternative best meets the System's needs based on both monetary and non-monetary considerations.

Section 4: Architectural and Engineering Procurement

All projects pursuing SRF loan funds are recommended to utilize a procurement methodology that meets or exceeds the Architectural and Engineering procurement requirements of 40 U.S.C. 1101 et seq.

Did you follow a qualifications based selection process?

Have you selected a consulting engineering firm?

Consulting Engineer Information:

Company Name:

Engineer Name:

Address:

City:

State:

Zip:

Phone:

Alt. Phone:

Email:

Section 5: Environmental Analysis

Include a Project Area Map as Attachment 1; show a 3-mile radius, environmental features, service areas, and existing facilities.

Is the project within or near an urban growth boundary?

Provide a description of the proposed project area landscape, covering items such as wetlands, roads, floodplain, riparian areas, agriculture areas, etc. Also include whether the project is for new construction or replacement of existing infrastructure.

Please check Yes or No for each of the following statements:

Yes No

This project includes a new water source or the relocation of an existing water source.

This project is expected to resolve a public health risk.

This project is expected to cause public opposition.

This project is expected to require a federal permit, either because of the project scope or because it is anticipating additional federal funding that requires a federal permit (HUD - CDBG; USDA Rural Development; others).

This project area contains a known cultural resource.

The primary objective of this project is to accommodate growth.

This project area is expected to contain threatened or endangered species or habitat.

Please provide additional explanation of the above responses in the space below, if necessary:

Section 6: Financial Analysis

REVENUE PLEDGE - Please select one:

General Obligation Pledge / Property Tax Pledge

Voter authorization date:

Water System Revenue Pledge

Current monthly residential water user fee per tap (\$):

Most recent user fee increase: Date: Previous Rate (\$):

Sewer System Revenue Pledge

Current monthly residential sewer user fee per tap (\$):

Most recent user fee increase: Date: Previous Rate (\$):

Combined Water and Sewer System Revenue Pledge

Current monthly residential water user fee per tap (\$):

Current monthly residential sewer user fee per tap (\$):

Most recent user fee increase: Date: Previous Rate (\$):

Sales Tax Revenue Pledge

Voter authorization date:

Other (please include monthly user fee information in your comments, if applicable):

Loan Term Length Request: 20 years 30 years (Disadvantaged Community Only)
Other: years

PROJECT FUNDING SOURCES

Check here if requesting \$10,000 SRF planning grant (20% match required)

Work to be completed by the contractor shall include documents for each item checked necessary to obtain WQCD approval for:

Project Needs Assessment (PNA) Environmental Assessment (EA)

Legal fees for special district formation

Estimated cost pertaining to above PNA, EA and/or legal fees for which the planning grant is requested:

Planning (\$):

Estimated cost pertaining to engineering needs:

Engineering (\$):

Estimated State Revolving Fund (SRF) request amount (\$):

Reserves budgeted for project (\$):

Other funding (grants / loans / IGAs / other)	Applied? (Y/N)	Approval Date?	Amount (\$)

TOTAL ESTIMATED PROJECT COST (\$):

CURRENT FINANCIAL STATUS

Enter data from the most recent audit for the selected revenue pledged. Use enterprise fund data.

Audit year:

Revenues:

Operating Revenues / User Charges / Availability Fees:

Contributed Capital / Tap Fees:

Grants / Intergovernmental:

Transfer In / Property Tax / Sales Tax / Specific Ownership Tax:

Miscellaneous / Gain on Sales of Assets / Etc.:

Expenses:

Operating Expenditures including Administration:

Depreciation:

Capital Outlay (from Cash Flow Statement):

Principal (from Cash Flow Statement):

Interest Paid:

Transfers Out / admin fee transfers to general government:

Current Assets:

Current Liabilities:

Available Cash Reserves:

Estimated increase or decrease in annual system operating and maintenance costs resulting from project completion. Choose either a dollar amount or a percentage:

\$ _____ or _____ %

Total amount of parity debt (any debt that shares the same loan pledge as the proposed debt for this project):

\$ _____ as of _____

Does the applicant's jurisdiction have the ability to receive and spend state grant funds under TABOR spending limits?
If no, please explain:

Section 7: Facility Planning Analysis

Current population:

Proposed population (20 year projection):

Current number of taps:

Projected number of taps:

Timeframe for above tap projection:
(e.g., 10 years; 20 years; project completion)

Current Equivalent Residential Taps (ERT)		
A	Number of active residential taps:	
B	Total annual consumption (gallons per year) - Residential	
C	Estimated equivalent residential tap water usage Annual flow per ERT = B / A	
D	Total annual consumption (gallons per year) - Commercial / Industrial / Irrigation	
E	Estimated Commercial / Industrial / Irrigation flow in ERT # of commercial / industrial / irrigation ERT = D / C	
F	Total ERTs = A + E	

Section 8: Project Schedule

Please indicate the intended review process. Select all that apply:

(Note: projects may include multiple components, which require review. The system may select to undergo a self-certified review process where applicable, and undergo a traditional review process for components where the self-certification process is not available.)

Traditional - Division performs review of Basis of Design Report and Final Plans and Specifications.

Streamline (available only for distribution system piping, pump stations (without integral treatment), and valves, hydrants, and/or meters) - Division performs review of Project Needs Assessment, and engineer of record self-certifies that the final design is in conformance with the Project Needs Assessment.

Please provide additional detail, if needed:

Please provide a proposed schedule for the following project milestones:

Project Needs Assessment Submittal Date

Basis of Design Submittal Date (if applicable)

Plans and Specifications Submittal Date

Public Meeting Date

Loan Application Submittal Date

Advertisement for Bids Publication Date

Construction Contract Award Date

Construction Start Date

Construction Completion Date

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