



Dedicated to protecting and improving the health and environment of the people of Colorado

Drinking Water Revolving Fund - Private, Nondrofit Pre-Qualification Form

Entity Name:

| | | | |
|--------------------------------------|---|-----------------------------|-----------------------------------|
| Project Type Check all that apply | } | Treatment | Secretary of State Nonprofit ID#: |
| | | Distribution / Transmission | Public Water System ID#: |
| | | Water Supply | IRS EIN#: |
| | | Water Storage | Project County: |

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.

Is the above system registered in SAM (System for Award Management)? Expiration Date:

DUNS Number: CAGE Number:

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 (President or other Chief 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.

An 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:

Water System Revenue Pledge

Current monthly residential water 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 (\$):

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

TAPS, RATES & FEES

Current year

| Year | 20 | 20 | 20 | 20 | 20 |
|---------------------------|----|----|----|----|----|
| Avg. monthly water rate | | | | | |
| Water tap fee | | | | | |
| Number of water taps | | | | | |
| * Avg. monthly sewer rate | | | | | |
| * Sewer tap fee | | | | | |
| * Number of sewer taps | | | | | |

* If pledging water and sewer revenues above, please include information for both systems.

If necessary, use the space below to provide additional explanation of the above responses:

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) loan request amount (\$):

Reserves budgeted for project (\$):

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

TOTAL ESTIMATED PROJECT COST (\$):

If necessary, use the space below to provide additional explanation for the above responses:

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 = $A + E$ | |

Required Attachments

1. Past 3 years tax returns.
2. Future year(s) budget.
3. Corporate by-laws, including amendments.
4. Any loan agreement(s), including amortization schedule for each.
5. Assessor's list containing all properties served and service area map.
6. Last 3 years financial statements.

Please zip (compress) all of the above files into a single compressed folder and attach the zip folder utilizing the below browse button. For ease of zipping multiple files, first relocate all applicable files into one folder on your computer. Then select all files to be compressed and right-click on the selection, then click on Send to and then click Compressed (zipped) folder. A new compressed folder will be automatically created in the same location. Use the browse button below to find and attach the compressed folder.

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

NOTE: **Please save** your pre-qualification form before clicking the submit button. Upon clicking submit, this form and any attachments will be transmitted via the internet to the State of Colorado SRF partnering agencies. Due to attachment size, and depending on your internet connection, transmission time may take several minutes. Please click the submit button only one time and wait for a confirmation message which will open in a new window. You should also receive a confirmation email at the applicant email address provided on page 1. If for any reason you do not receive either of these confirmation messages, please email this form and the intended attachments to:

CDPHE_grantsandloans@state.co.us