

# Drinking Water State Revolving Fund Application for Financial Assistance *for Municipal Applicants*

## Michigan Department of Environment, Great Lakes, and Energy

Gretchen Whitmer, Governor  
Liesl Eichler Clark, Director



<http://www.michigan.gov/egle>

### **Administered by:**

Finance Division  
Water Infrastructure Financing Section

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P.O. Box 30457  
Lansing, Michigan 48909-4957  
517-284-5433

### **Delivery Address:**

Constitution Hall – 6<sup>th</sup> Floor South  
525 West Allegan St.  
Lansing Michigan 48933

Department of Treasury  
Michigan Finance Authority  
Deborah M. Roberts, Executive Director  
430 West Allegan St.  
Lansing, Michigan 48922  
517-335-0994

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# Drinking Water State Revolving Fund (DWSRF) Loan Application

## PART I - FINANCIAL INFORMATION

Questions about Part I should be directed to the Michigan Finance Authority at 517-335-0994.

DWSRF Project Name \_\_\_\_\_

DWSRF Project No. \_\_\_\_\_ DWSRF Project DUNS Number \_\_\_\_\_

A. Legal Name of Applicant \_\_\_\_\_

*The legal name of the applicant may be different than the name of the project. For example, a county may be the legal applicant for bonding purposes, while the project may be named for the particular village or township it serves.*

B. Address of Applicant

\_\_\_\_\_  
(Street, P.O. Box)

\_\_\_\_\_  
(City, State & Zip)

\_\_\_\_\_  
(Area Code and Telephone Number)

C. Applicants Financial Institution Information for Wire Transfers

*Confirm with your financial institution its ability to accept wire transfers from the state of Michigan.*

Bank Name \_\_\_\_\_

\_\_\_\_\_  
Street, P.O. Box)

\_\_\_\_\_  
(City, State & Zip)

Bank Account Number \_\_\_\_\_ Bank ABA Routing Number \_\_\_\_\_  
(should be nine digits)

D. Designated Contacts for this Project

1. Authorized Representative

Name \_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_  
(Street, P.O. Box)

\_\_\_\_\_  
(City, State & Zip)

\_\_\_\_\_  
(Area Code and Telephone Number)

\_\_\_\_\_  
(E-Mail Address)

*If the authorized representative or legal applicant is different from that designated in the resolution submitted with the project plan, another resolution will be required.*

2. Primary Contact

Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
(Area Code and Telephone Number)

\_\_\_\_\_  
(E-Mail Address)

3. Applicant's Chief Administrative Officer

Name \_\_\_\_\_

4. Applicant's Chief Financial Officer

Name \_\_\_\_\_

5. Applicant's Bond Counsel

Name \_\_\_\_\_

Firm \_\_\_\_\_

\_\_\_\_\_  
(Street, P.O. Box)

\_\_\_\_\_  
(City, State & Zip)

\_\_\_\_\_  
(Area Code and Telephone Number)

\_\_\_\_\_  
(E-mail Address)

6. Applicant's Financial Advisor

Name \_\_\_\_\_

Firm \_\_\_\_\_

\_\_\_\_\_  
(Street, P.O. Box)

\_\_\_\_\_  
(City, State & Zip)

\_\_\_\_\_  
(Area Code and Telephone Number)

\_\_\_\_\_  
(E-mail Address)

7. Consulting Engineer

Name \_\_\_\_\_

Firm \_\_\_\_\_

\_\_\_\_\_  
(Street, P.O. Box)

(City, State & Zip)

(Area Code and Telephone Number)

(E-mail Address)

E. Authorizing Statute

*Please identify the statutory authority under which you will be bonding to finance this project.*

- |                                       |  |  |   |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> PA 3 (1895)  | <input type="checkbox"/> PA 94 (1933)  | <input type="checkbox"/> PA 233 (1955) | <input type="checkbox"/> PA 342 (1939)          |
| <input type="checkbox"/> PA 7 (1967)  | <input type="checkbox"/> PA 116 (1923) | <input type="checkbox"/> PA 235 (1947) | <input type="checkbox"/> Part 43, PA 451 (1994) |
| <input type="checkbox"/> PA 34 (2001) | <input type="checkbox"/> PA 185 (1957) | <input type="checkbox"/> PA 278 (1909) | <input type="checkbox"/> Part 47, PA 451 (1994) |
| <input type="checkbox"/> PA 35 (1951) | <input type="checkbox"/> PA 188 (1954) | <input type="checkbox"/> PA 279 (1909) | <input type="checkbox"/> Public Act ___ of ___  |
| <input type="checkbox"/> PA 76 (1965) | <input type="checkbox"/> PA 202 (1943) | <input type="checkbox"/> PA 312 (1929) |   |

*Your bond counsel or financial advisor can assist you in determining the statute under which your bonding should proceed. Some of the referenced statutes will require the publication of a notice of intent and/or require the holding of a public referendum, which may need to occur several months before bonds are issued.*

F. Project Estimates

*The estimated cost of the project should include all costs, whether eligible for loan assistance or not. The amount to be borrowed from the DWSRF should equal the amount necessary to cover eligible costs plus a 6% contingency, less any amount to be secured from another source. The estimated cost should be rounded to the nearest \$5,000. The estimated amount of debt to be refinanced should be the amount of existing debt obligations that will be refinanced by the loan.*

Estimated Total Cost of Project: \$ \_\_\_\_\_

Estimated Amount to Be Borrowed from the DWSRF: \$ \_\_\_\_\_

Estimated Amount of Debt (if any) to Be Refinanced: \$ \_\_\_\_\_

G. Principal Payment Dates

*Annual principal payments will be due each year until the debt is retired. Principal payments may commence in April or October no later than one year after the targeted date of the initiation of operation that has been agreed to by the EGLE and the applicant. **Principal payments may not be made in more than 20 annual installments (unless authorized by the EGLE as a disadvantaged community with 30 annual installments).***

- |   |   |
|---|---|
| <input type="checkbox"/> 20 Annual Payments | <input type="checkbox"/> 30 Annual Payments                     |
| Preference for Payment                      | <input type="checkbox"/> April <input type="checkbox"/> October |

Proposed First Principal Payment Will Occur On \_\_\_\_\_

Proposed Last Principal Payment Will Occur On \_\_\_\_\_

H. Investment Grade Rating

*The applicant municipality is required to provide evidence of an investment grade rating before financing can be completed. The investment grade rating that you intend to utilize to satisfy this*

requirement must be for the bonds you intend to issue or for bonds that have the same security pledged for bond repayment. Your bond counsel or financial advisor can assist you with assessing options to bring your loan to an investment grade level. **Please refer to the Quarterly Financing Schedule for applicable dates.**

Please check the appropriate box below and provide the requested information.

The applicant municipality has obtained an investment grade rating, as detailed below:

Fitch's Long-Term Rating \_\_\_\_\_ Date \_\_\_\_\_

Type of Borrowing \_\_\_\_\_

Moody's Long-Term Rating \_\_\_\_\_ Date \_\_\_\_\_

Type of Borrowing \_\_\_\_\_

Standard & Poor's Long-Term Rating \_\_\_\_\_ Date \_\_\_\_\_

Type of Borrowing \_\_\_\_\_

The applicant municipality will achieve an investment grade rating, as detailed below:

\_\_\_\_\_  
\_\_\_\_\_

I. Project Funding From Other Sources

Your DWSRF loan cannot be used to pay for project costs which have been or will be covered by another source of funding, either public or private (e.g., grants or loans from other state or federal agencies or cash reserves already on hand). Please list your anticipated project costs which are to be covered by another source of funding and the source(s) of that funding.

\_\_\_\_\_  
\_\_\_\_\_

J. Capitalized Interest for New Systems

Interest payments on a DWSRF loan are due semi-annually until the debt is retired. For a qualifying municipality, the amount of interest due during the construction of a new water supply and/or treatment system can be included in its loan (i.e., capitalized). This option is available only if the applicant municipality is constructing a new system and no current utility system exists to produce revenue for bond payments during the construction period. If you check the box below, MFA will confirm your qualification and your EGLE project manager will compute the appropriate amount of capitalized interest to include in your loan.

The applicant municipality qualifies for and wishes to capitalize interest during construction.

K. Waterworks Service Information

1. Population of the Geographic Area Intended to be Served by the Proposed Project

2000 Census \_\_\_\_\_

2010 Census \_\_\_\_\_

Current Estimate \_\_\_\_\_

2. Service Provider

Please check the appropriate boxes below. If a service is funded by the applicant but contracted out, mark the "OTHER" box in first column and the "APPLICANT" box in the second.

<u>SERVICE</u>	<u>SERVICE PROVIDED BY:</u>	<u>SERVICE FUNDED BY:</u>
Water	<input type="checkbox"/> Applicant <input type="checkbox"/> Other	<input type="checkbox"/> Applicant <input type="checkbox"/> Other

3. Water System Customers

Please provide the number of water system customers for each of the past five years, the projected number of users for each of the next five years, and data on the five largest water system customers. This information should reflect only customers of the service area from which revenues for operation, maintenance, and replacement (OM&R) and debt will be derived.

(Current Year) \_\_\_\_\_ (Number of Users) \_\_\_\_\_

(Year) \_\_\_\_\_ (Number of Users) \_\_\_\_\_

(Year) \_\_\_\_\_ (Number of Users) \_\_\_\_\_

(Year) \_\_\_\_\_ (Number of Users) \_\_\_\_\_

(Year) \_\_\_\_\_ (Number of Users) \_\_\_\_\_

(Year) \_\_\_\_\_ (Projected Number of Users) \_\_\_\_\_

(Year) \_\_\_\_\_ (Projected Number of Users) \_\_\_\_\_

(Year) \_\_\_\_\_ (Projected Number of Users) \_\_\_\_\_

(Year) \_\_\_\_\_ (Projected Number of Users) \_\_\_\_\_

(Year) \_\_\_\_\_ (Projected Number of Users) \_\_\_\_\_

NAMES AND ADDRESSES OF THE FIVE LARGEST WATER SYSTEM CUSTOMERS	ESTIMATED % OF TOTAL SYSTEM USE
1.	
2.	
3.	
4.	
5.	

L. Tax Base Information

*Sections L and M are intended to provide credit information about the issuer of the bonds. If the applicant municipality is issuing the bonds directly, the information you provide should be for that municipality. If instead your municipality is issuing the bonds through the county, the information you provide should be for the county. If the applicant municipality is issuing the bonds, an official statement for a general obligation bond which you have issued within the past 12 months may be submitted instead and Sections L and M do not have to be filled out. If the county is issuing the bonds, an official statement for a general obligation bond which the county issued within the past 12 months may be submitted instead and Sections L and M do not have to be filled out.*

Official Statement Included (Sections L and M do not have to be filled out.)

1. Five Largest Employers in your Community:

EMPLOYER	TYPE OF BUSINESS	NUMBER OF EMPLOYEES
1.		
2.		
3.		
4.		
5.		

2. Five Largest Taxpayers in your Community:

TAXPAYER	ASSESSED VALUATION	ASSESSED % OF TOTAL VALUATION
1.		
2.		
3.		
4.		
5.		

M. Tax History Information

1. Tax History for the Two Preceding Fiscal Years

TAX HISTORY	Two Preceding Fiscal Years:	
	20____ - 20____	20____ - 20____
	AMOUNT	AMOUNT
Millage: Operating Allocated	mills	mills
Millage: Operating Voted	mills	mills
Millage: Capital Improvements	mills	mills
Millage: Debt	mills	mills
Millage: Other	mills	mills
Taxable Value	\$	\$
Tax Levies: Total	\$	\$
Tax Collections to Date	\$	\$
Delinquent Taxes	\$	\$
Tax Collections as % of Total Tax Levy	%	%

2. Tax History for the Current Fiscal Year

TAX HISTORY	Current Fiscal Year: 20____ - 20____		
	AMOUNT	MILLAGE LIMIT	MILLAGE EXPIRES
Millage: Operating Allocated	mills	mills	
Millage: Operating Voted	mills	mills	
Millage: Capital Improvements	mills	mills	
Millage: Debt	mills	mills	
Millage: Other	mills	mills	
Taxable Value	\$		
Tax Levies: Total	\$		
Tax Collections to Date	\$		
Tax Collections (Taxes Delinquent)	\$		
Tax Collections as % of Total Tax Levy	%		



3. Property Tax Information

COMPOSITION OF TAXABLE VALUE	AMOUNT	PERCENT
Residential Property		%
Industrial Property		%
Commercial Property		%
Agricultural Property		%
Other Property		%
Industrial/Commercial Facilities	\$	
Total Taxable Value	\$	

N. Waterworks System Funding Sources

Please identify the sources of funding for system capitalized costs and debt retirement, both current and after completion of the DWSRF-financed project.

ANNUAL FUNDING SOURCE	CURRENT	AFTER COMPLETION
1. Debt Retirement Revenue	\$	\$
2. Annual Connection Fees \$ _____ X _____ connections	\$	\$
3. Special Assessments \$ _____ X _____ connections	\$	\$
4. Other Assessments or Fees _____ _____	\$ \$	\$ \$
5. Transfers from Other Funds _____ _____	\$ \$	\$ \$
6. Total Annual Revenue	\$	\$

O. Part I Submittal Attachments

*Please check the appropriate boxes and attach the following items to your Part I submittal. **All attachments must be included and labeled appropriately.***

- |   |    |   |
|---|----|---|
| <input type="checkbox"/> Attached                                     | 1. | Current year budget.  |
| <input type="checkbox"/> Attached<br><input type="checkbox"/> N/A     | 2. | Most recent official statement or prospectus, if applicable.  |
| <input type="checkbox"/> Attached<br><input type="checkbox"/> No Debt | 3. | Direct and overlapping debt schedules and a list of future debt that has been authorized but unissued.  |
| <input type="checkbox"/> Attached<br><input type="checkbox"/> No Debt | 4. | Explanation of payment default on any security, if applicable.  |
| <input type="checkbox"/> Attached<br><input type="checkbox"/> None    | 5. | Disclosure of any pending litigation or legislation that is material to your DWSRF financing or that could have an adverse impact on the financial condition of the borrower. |
| <input type="checkbox"/> Attached                                     | 6. | Total system revenue and expense projections for the first two years after the proposed DWSRF project is initiated.   |
| <input type="checkbox"/> Attached                                     | 7. | Attach a financial projection demonstrating revenue supporting debt service, including a bond repayment schedule.   |

I certify that I am the authorized representative designated by the applicant that will issue the bond(s) for this project and that the Part I Financial Information being submitted is complete and accurate to the best of my knowledge.

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Name and Title of Authorized Representative (*Please Print or Type*)

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Signature of Authorized Representative

Date

In accordance with the date in your executed milestone schedule, please return the completed Part I with **all** specified attachments to your EGLE Project Manager via email or mail a hard copy to:

WATER INFRASTRUCTURE FINANCING SECTION  
FINANCE DIVISION  
MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

**MAILING ADDRESS**  
P.O. BOX 30457  
LANSING, MICHIGAN 48909-7957

**DELIVERY ADDRESS**  
CONSTITUTION HALL 6<sup>th</sup> FLOOR-SOUTH  
525 West ALLEGAN  
LANSING, MICHIGAN 48933