|  |
| --- |
| **LOAN FORGIVENESS FUNDING APPLICATION****APPLICATION NO. \_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_**(This number is assigned by OWRB) |

In order to complete the review of the above referenced application, it is necessary that the following additional information and material be furnished to the Board. Please note that this request for additional information does not constitute application approval, but is rather only a U**secondary**U stage of the application submission and Board staff review process.

The following filing, reviewing and processing fee is required with all loan applications under the Board's program of financial assistance. Such fee shall be based on the amount of financial assistance applied for (as set out below) and must be paid to the Oklahoma Water Resources Board by the applicant at the time of filing this application.

# 0BULoan Application Amount Fee

$ 249,999 or less $ 100.00

$ 250,000 - 999,999 $ 250.00

$1,000,000 or more $ 500.00

**A. LOAN TYPE**

|  |  |
| --- | --- |
| **Loan Type** | 1BAmount |
| Clean Water SRF |  |
| Drinking Water SRF |  |

**B. APPLICANT INFORMATION**

*1. Applicant Name and Address*

|  |  |
| --- | --- |
| Name: |  |
| County: |  |
| Address: |  | Phone: | ( ) |
|  |  | Alternate Phone: | ( ) |
| Office Hours: |  | E-mail: |  |
| Website: |  | SAM.gov UEI #: |  |

*2. Applicant’s Chief Officer* and/or person to whom all pre-application inquiries should be directed:

|  |  |
| --- | --- |
| Name: |  |
| Title: |  | Phone: | ( ) |
| Address: |  | Alt. Phone: | ( ) |
|  |  | E-mail: |  |

*3. Applicant's Officers and Members* (Name and Office held):

|  |  |
| --- | --- |
| **Name** | **Office Held** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*4. Applicant's Financial Consultant:*

|  |  |
| --- | --- |
| Firm Name: |  |
| Contact: |  | Phone: | ( ) |
| Address: |  | Alt. Phone: | ( ) |
|  |  | E-mail: |  |

*5. Applicant’s Legal Counsel:*

|  |  |
| --- | --- |
| Firm Name: |  |
| Contact: |  | Phone: | ( ) |
| Address: |  | Alt. Phone: | ( ) |
|  |  | E-mail: |  |

*6. Applicant’s Bond Counsel:*

|  |  |
| --- | --- |
| Firm Name: |  |
| Contact: |  | Phone: | ( ) |
| Address: |  | Alt. Phone: | ( ) |
|  |  | E-mail: |  |

*7. Applicant’s Consulting Engineer:*

|  |  |
| --- | --- |
| Firm Name: |  |
| Contact: |  | Phone: | ( ) |
| Address: |  | Alt. Phone: | ( ) |
|  |  | E-mail: |  |

### 2BC. FINANCIAL INFORMATION - *although this loan is being considered for 100% loan forgiveness, the following information is required in the event that all or part of the funding requires repayment.*

*1. Applicant’s Existing Debt* – Please complete the information on USCHEDULE ONEU for **each** outstanding debt obligation of the Applicant. Make copies of USCHEDULE ONEU if additional pages are needed. Also, please include copies of loan documentation on all outstanding debt obligations, including, as applicable, bond resolutions or indentures, trust agreements, promissory notes, loan agreements, mortgage and security agreements, etc.

*2. Existing Sales Tax Revenue* – List sales tax portion (if any) currently dedicated to retirement of the existing debt and/or portion available to retire proposed OWRB debt. Please include a copy of the applicable sales tax ordinance(s) if sales tax will be pledged to repayment of the proposed OWRB debt.

|  |  |
| --- | --- |
| Total Existing Sales Tax: | % |
| Amount Dedicated to Existing Debt: | % |
| Amount Available for Proposed Debt: | % |

*3. Covenants and Restrictions:*

|  |
| --- |
| List legal covenants or restrictions for sales tax and utility revenue obligations: |
|  |

*4. Financial Information* – Unless previously provided or available on the state auditor and inspector’s website (www.sai.ok.gov), please include copies of financial audits for the previous five fiscal years. If unavailable please submit unaudited financials.

*5. Pending Litigation* – Include a statement from the Applicant’s Legal Counsel stating:

 (a) the existence of any pending litigation and its potential impact on the Applicant, and

 (b) the existence of pending administrative complaints that allege discrimination based on race, color, national origin, sex, age, or disability.  Do not include employment complaints not covered by 40 CFR Parts 5 and 7.

*6.* *Insurance* – Please provide proof of insurance including fidelity bond, property, worker’s comp, and general liability (provide written explanation for any lack of insurance). Also, please provide proof of operator’s certification.

**D. PROJECT**

*1. Project Description* – Provide plans and specs, if completed, a copy of the construction permit, if available, and the site certificate.

|  |
| --- |
| Description of Project/Project Purpose: |
|  |
| Project Location: |
|  |
| Anticipated Construction Period: |  |
| Anticipated Completion Date: |  |

*2. Project Budget* - List project construction cost **(attach a detailed cost estimate)** and engineering, inspection, legal, project contingency, land acquisition, financial consultant costs, etc:

|  |  |
| --- | --- |
| **Budget Item** | **Cost Estimate** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total |  |

*3. Other Funding Sources* – including Federal/State participation (loans, grants, etc.) and any other sources including Applicant’s local contribution, if any. Provide commitment letters if available.

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Source** | **Type of Request** | **Amount** | **Present Status Comment** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**E. EXISTING WATER AND/OR SANITARY SEWER SYSTEM**

*1. Total Water and Sewer Connections* – provide the number of connections, coinciding with the Applicant's most recent fiscal year end:

|  |  |  |
| --- | --- | --- |
| **Year** | **Water** | **Sewer** |
|  |  |  |

*2. Applicant’s Current Water Supply Source*

If groundwater is a source for your water supply, list the legal description of each well down to a 10 acre tract (e.g. NW NW NW Section 3, T6N, R7W).

|  |  |
| --- | --- |
| **Well Site** | **Legal Description** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

If surface water is a source for your water supply, list the legal description of each diversion point down to a 10 acre tract (e.g. NW NW NW Section 3, T6N, R7W).

|  |  |
| --- | --- |
| **Diversion Point** | **Legal Description** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

If water is purchased from another entity, provide the name and phone number of the entity and include a copy of any water purchase contract.

|  |  |
| --- | --- |
| Entity Name: |  |
| Address: |  | Phone: | ( ) |
|  |  | Fax: | ( ) |

*3. Water Rights* – List all water rights permits by which the applicant is authorized to take water (indicate if an application for water rights is currently being processed):

|  |  |  |
| --- | --- | --- |
| **Water Right Number** | **Holder** | **Number of Acre-Feet Per Year** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If you have more permits than can be shown above, list on a separate sheet and attach using the above format.

*4. Annual Operations and Maintenance Costs*

|  |  |
| --- | --- |
| Current Annual O&M Costs: |  |
| Projected Annual O&M Costs upon Project Completion: |  |
| Increase/(Decrease) in Annual O&M Costs |  |

*5. Operating/Lease Agreements* – Provide copies of any operating agreements or lease agreements relating to the water or sewer system (if applicable); for example, a lease agreement between a town and its public works authority.

*6. Sanitary Sewer System* – Please provide the information below:

|  |  |
| --- | --- |
| Do you have a sanitary sewer system? (Yes or No): |  |
| If Yes, please list the receiving stream or reservoir for the effluent: |  |

**F. ADDITIONAL INFORMATION CHECKLIST**

Don’t forget to include the following information (application section reference):

* Copies of loan documents on outstanding debt obligations (C1)
* SCHEDULE ONE – Outstanding Debt (C1)
* Sales Tax Ordinance (C2)
* Financial Information (C4)
* Pending Litigation Statement (C5)
* Insurances and Operator’s License(s) (C6)
* Site Certificate, Plans and Specs, and Construction Permit (D1)
* Water Purchase Agreements (E2)
* Operating/Lease Agreements (E5)

Also include the following if not previously submitted to the OWRB:

* Trust Indenture; Orders of Incorporation, etc.
* Engineer’s Report
* Contract for Engineering Services
* Copies of any Notice of Violation or Consent Order

**VERIFICATION**

STATE OF OKLAHOMA )

 ) ss.

COUNTY OF )

I, , being first duly sworn and upon oath states: that I am the duly authorized representative for the Applicant herein; that I have read the contents of the within and foregoing LOAN APPLICATION and is familiar with the contents thereof; and that the matters and information therein set forth are, to the best of Applicant's knowledge and belief, true and correct.

 (Applicant Name)

Signed By:

Printed Name:

Title:

 (Applicant's Representative)

Subscribed and sworn to before me this day of , 20 .

 (Notary Public)

My Commission Expires:

(SEAL)

FOR NEW APPLICANTS ONLY: ATTORNEY’S CERTIFICATION AS TO LEGALITY OF APPLICATION

I, the undersigned, certify that: I am an attorney representing the applicant herein with respect to the foregoing application attached hereto; the applicant is a [CHECK ONE]:

 municipality

 public trust

 rural water/sewer district

 other public entity (identify):

duly organized and existing under the laws of Oklahoma; the applicant possesses full power and authority to acquire, complete and operate the project described in this application; and this application has been lawfully and effectively authorized and executed as the valid action of the applicant.

 Attorney at Law

Printed Name:

OBA No.:

 **SCHEDULE ONE**

#### 7BOutstanding Debt Obligations

|  |  |
| --- | --- |
| Source of Funds: |  |
| Original Amount: |  | Date Obtained: |  |
| Current Balance: |  | Maturity Date: |  |
| Annual Payment: |  | Interest Rate: | % |
| Reserve Balance: |  | Interest Rate Mode: |  |
| Pledged Collateral: |  |
| Has the Applicant been over 30 days late on a payment?If yes, please explain: | ( ) Yes( ) No |
|  |
| Has the Applicant been in default on this loan?If yes, please explain: | ( ) Yes( ) No |
|  |

|  |  |
| --- | --- |
| Source of Funds: |  |
| Original Amount: |  | Date Obtained: |  |
| Current Balance: |  | Maturity Date: |  |
| Annual Payment: |  | Interest Rate: | % |
| Reserve Balance: |  | Interest Rate Mode: |  |
| Pledged Collateral: |  |
| Has the Applicant been over 30 days late on a payment?If yes, please explain: | ( ) Yes( ) No |
|  |
| Has the Applicant been in default on this loan?If yes, please explain: | ( ) Yes( ) No |
|  |

Make copies of SCHEDULE ONE if additional pages are needed.