

# Kansas Public Water Supply Loan Fund



## Loan Application

### Applicant Information

Municipality Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Contact Person \_\_\_\_\_  
*Name Title*

Contact Info \_\_\_\_\_  
*Phone No. Email*

DUNS No. \_\_\_\_\_ Congressional District of Municipality \_\_\_\_\_

Tax ID No. \_\_\_\_\_ Engineering Consultant Firm \_\_\_\_\_

Engineering Contact Name & Phone No. \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Description: \_\_\_\_\_

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### Requested Loan Repayment Term

20-year repayment       30-year repayment

The interest rate for a 20-year repayment term will be set at 60% of the market rate and a 30-year repayment term will be set at 70% of the market rate.

**Project Details**

**Estimated Project Costs**

|                                       |          |                        |          |
|---------------------------------------|----------|------------------------|----------|
| Construction Cost                     | \$ _____ | Contingencies          | \$ _____ |
| Engineering Planning & Design         | \$ _____ | Administrative & Legal | \$ _____ |
| Construction Engineering & Inspection | \$ _____ | Other                  | \$ _____ |
|                                       |          | Total Project Cost     | \$ _____ |
|                                       |          | Loan Reserve*          | \$ _____ |

\* Water Districts must include a loan reserve equal to 11.11% of the Project Cost.

**List all Anticipated Funding Sources Which are Intended to be Utilized to Complete this Project**

|  |          |
|--|----------|
| KDHE SRF Loan (include loan reserve if applicable) | \$ _____ |
| Cash on Hand                                       | \$ _____ |
| Community Development Block Grant (CDBG)           | \$ _____ |
| USDA Rural Development Grant**                     | \$ _____ |
| Other  | \$ _____ |
| Total  | \$ _____ |

\*\* Do not include USDA Rural Development loan amounts if the SRF loan will be interim financing for the Rural Development loan

**Anticipated Project Schedule**

|  |                   |
|--|-------------------|
|  | Date (month/year) |
| Notice of Public Hearing Issued                  | _____             |
| Public Hearing Held                              | _____             |
| Environmental Review Letters Sent                | _____             |
| Final Plans and Specifications Submitted to KDHE | _____             |
| Duration of Construction (in months)             | _____             |

**Number of Customers (connections) for the Previous 3 Years**

| Year | Residential | Commercial | Other | Total |
|------|-------------|------------|-------|-------|
|      |             |            |       |       |
|      |             |            |       |       |
|      |             |            |       |       |

List any single customer that provides 5% or more of the utility’s revenue from water sales

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**Water Production History for the Previous 3 Years**

| Year | Gallons Produced/<br>Purchased | Gallons Sold | Gallons Flushed<br>or Accounted For | Water Loss | Unaccounted for<br>Water Loss Ratio |
|------|--------------------------------|--------------|-------------------------------------|------------|-------------------------------------|
|      |                                |              |                                     |            |                                     |
|      |                                |              |                                     |            |                                     |
|      |                                |              |                                     |            |                                     |

**Valuations for Previous 3 Years (for Cities Only)**

| Year | Assessed Valuation of<br>Taxable Tangible<br>Property (within City<br>Limits) | Tangible Valuation of<br>Motor Vehicles (within<br>City Limits) | Total for Year |
|------|---|---|----------------|
|      |   |   |                |
|      |   |   |                |
|      |   |   |                |

**Attachments**

The following documents must be submitted for the application to be considered complete.

| Document   | Attached                 | Will be Submitted Separately |
|--|--------------------------|------------------------------|
| Preliminary Engineering Report                           | <input type="checkbox"/> | <input type="checkbox"/>     |
| List of Outstanding Debt and Repayment Schedules         | <input type="checkbox"/> | <input type="checkbox"/>     |
| Water Purchase/Sales Contracts (if applicable)           | <input type="checkbox"/> | <input type="checkbox"/>     |
| Current Water Rates                                      | <input type="checkbox"/> | <input type="checkbox"/>     |
| All Previous Water Rates in Effect over the last 4 years | <input type="checkbox"/> | <input type="checkbox"/>     |

**Attachments Continued**

The following documents must be submitted for the application to be considered complete.

| <b>Document</b>                               | <b>Attached</b>          | <b>Will be Submitted Separately</b> |
|---|--------------------------|-------------------------------------|
| Public Hearing Notice Proof of Publication    | <input type="checkbox"/> | <input type="checkbox"/>            |
| Minutes from Public Hearing                   | <input type="checkbox"/> | <input type="checkbox"/>            |
| Copy of Resolution Authorizing Application    | <input type="checkbox"/> | <input type="checkbox"/>            |
| Copy of Outgoing Environmental Review Letters | <input type="checkbox"/> | <input type="checkbox"/>            |
| Copy of Environmental Review Responses        | <input type="checkbox"/> | <input type="checkbox"/>            |
| Lobbying Certification Form                   | <input type="checkbox"/> | <input type="checkbox"/>            |
| Capacity Development Survey                   | <input type="checkbox"/> | <input type="checkbox"/>            |

**Signature**

I certify that I am authorized to sign this application on behalf of the governing body. To the best of my knowledge and belief, the data in this application is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Submit this application and all required attachments to:

**KDHE/BOW**  
Attn: Kansas SRF Program  
1000 SW Jackson St., Suite 420  
Topeka, KS 66612-1367