For GEFA use:	
Project Number	
Amount Requested	
Date Received	

For E	PD use:
Date Received	
Initial Approval	



## LOAN APPLICATION

**Section 1: Contact Information** 

# Loan Applicant:

Applicant Name					
Contact Person			Title		
Address					
City and Zip Code				County	
Telephone Number			Fax Number		
Email Address					
Federal EIN			DUNS Number		
Applicant Congressional	District				
Project Place of Performance (where the work will occur)					
Project Congressional Dis	strict				

# Project Engineer:

Firm Name		
Address		
City, State, and Zip Code		
Engineer Name		
Telephone Number	Fax Number	
Email Address		

Filialice Director	<b>Finance</b>	Director
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Name		
Address		
City, State, and Zip Code		
Telephone Number	Fax Number	
Email Address		

### Attorney:

Firm Name		
Address		
City, State, and Zip Code		
Attorney Name		
Telephone Number	Fax Number	
Email Address		

### **Auditor:**

Firm Name		
Address		
City, State, and Zip Code		
Auditor Name		
Telephone Number	Fax Number	
Email Address		

### Section 2: Project Information

(For SRF Applicants Only): Is the project listed on one of GEFA's annual Intended Use Plans (IUP)? If so, please select the applicable program and include the year. It is not required to be listed on an IUP prior to applying for financing.

IUP Year   DWSRF   CWSRF   DW ASADRA   CW ASADRA
--

(For SRF Applicants Only): Has the applicant initiated or completed the State Environmental Review Process with Georgia EPD for this project?

YES

NO

<u>Project Name and Project Description:</u> Provide a short description of the proposed project in the <u>box</u> <u>below</u>. Attach a separate sheet, if necessary, with a copy of the preliminary engineering report.

Project Name	
Project Description	

### Which project type(s) best describes your project?:

WATER SUPPLY (water)	WATER QUALITY (sewer)	
Plant Construction Emergency Project	Plant Construction Pump Station	
Plant Rehabilitation Water Tank	Plant Rehabilitation Emergency Project	
Line Construction Well	Line Construction CSO Tunnel	
Line Rehabilitation Reservoir	Line Rehabilitation Non-Point Source	
Other:	Other:	

Easements:	Does this project require an easement?	YES	NO

If yes, how many easements? How many have been acquired?

<u>Consent Order:</u> Will this project eliminate a Notice of Violation (NOV), Administrative Order, Consent Order, Court Order, etc.? If yes, provide a copy of the violation.

YES NO N/A

Project Cost: Provide estimated costs for the entire project by line item.

Construction	
Contingency	
Engineering/Inspection	
Administrative/Legal	
Total:	\$

<u>Early Project Costs:</u> Engineering and design costs incurred prior to the execution of a loan agreement are eligible for reimbursement with a GEFA loan as long as these costs are necessary for the completion of the project and consistent with the final budget. Does your community anticipate seeking reimbursement of engineering or design costs incurred prior to the execution of the loan agreement?

VEC	N.	$\sim$
YES	N	Ю

If yes, approximately how much in early costs does your community anticipate submitting for reimbursement under the proposed loan?

•	•
\$	

<u>Funding Sources:</u> List all funding sources that are proposed to be utilized to complete this project. List each source and funding amount. If a commitment has been secured from any of these funding sources, list the commitment date and attach a copy of the commitment letter.

Amount requested from GEFA:			\$
Other Funding Source(s): Date Available: Amount:			
		\$	
		\$	
		\$	
		Total Project Funding	: \$

<u>Schedule:</u> What is the proposed project schedule? If actual dates are available, please include them in the appropriate column.

ACTION	DATE		
Plans and specs submitted to EPD			
Bid opening			
Notice to proceed			
Completion of construction			
Desired Loan Amortization Period  5 Years 10 Years ☐ 15 Years ☐ 20 Years ☐ 25 Years ☐ 30 Years  Useful Life Verification: Check this box to certify the useful life of the assets funded by this loan will exceed the			
amortization period of the loan.  Yes			
<u>Service Delivery Strategy (SDS):</u> Is the proposed project consistent with your HB489 Service Delivery Strategy? (Attach a copy of the applicable pages from your SDS).			
C YES C NO			

Section 3: Proof of Qualifications-Based Selection for Architectural and Engineering (A/E) Services

A Qualifications-Based Selection (QBS) process is required for contracts for program management, construction management, feasibility studies, preliminary engineering, design, engineering, surveying, mapping, or other engineering-related services.

<u>Proof of QBS Advertisement:</u> All applicants are required to complete the QBS Certification that is included in the appendix of this application. In addition, please provide a copy of the Georgia Procurement Registry posting used to procure A/E services.

# Section 4: Applicant Information

Metro North C	<u>Seorgia Water</u>	<u>Planning District (MNGWPD):</u> Is your cor	nmunity in the MNGWPD?
OYES	O NO		
If yes, are you	in compliance	with district plan requirements? Please pro	ovide a copy of the compliance lette
O YES	O NO	○ N/A	
		gnation: Is your community designated a Community Affairs (DCA)?	WaterFirst or PlanFirst community
OYES	O NO		
have adopted	the high-efficie	(for cities and counties only): In order to	
copy of the rel	evant section o	your local code.	

Audits: Provide financial audits from the last 4 fiscal years.  Hard copies attached Electronic copies referenced below  Website:  Bond Ordinance: If you have outstanding bond debt that was issued during the past 12 months, submit
Website:
Rond Ordinance: If you have outstanding bond debt that was issued during the nast 12 months, submit
a copy of the most recent official statement or revenue bond ordinance in electronic format including amortization schedule. Include the name and the date of bond issuance below:
Date:
Funding Method: Provide the funding method that will be used to pay the debt service of the project.
Name of fund(s):
Type of fund.  Check any that apply:  1. Service charges and fees only 2. Service charges and general revenues combined 3. General revenues only 4. Local option sales tax, contributions, or other dedicated source.
Financial Design Reports: If applicable to the community, please check the appropriate documents and attach a copy.
Financial reports reviewing economy, demand, and costs Rate study Current year operating budget for water/sewer and general operations Revenue and expense financial forecasts for the water/sewer and/or other applicable fund Project funding plan and/or capital improvements plan, together with any and all assumptions from which the report is based And other report(s) that define the customer base (number or customers, usage, etc.)  Number of documents enclosed ( ) Name(s) and date(s) of documents enclosed:
Namber of documents enclosed ( ) Name (s) and date(s) of documents enclosed.

your jurisdiction. Please write the title and effective	E.C. (1)	
Title:  (Mail Rate Structures)  Current Rate Structure (Effective Dates):  Prior Rate Structure (Effective Dates):  Planned Future Rate Structure (Effective Dates)		ive Date:
If applicant is an "Authority that does not have full faith and credit pledge of a local government which local government you will get a full faith	ent. If this appl	ies to your application, please indicate with
A. One-time Operating Expenses: (Example: U (Mail Detailed Backup Documentation)	nexpected repa	uirs to tank, pump station, wells, etc.)
Expense Line Items:  Most Recent Audited Fiscal Year:  Explanation:		\$
Expense Line Items: Current Fiscal Year Forecasted One-Time Explanation:	e Expenses:	\$
Expense Line Items: Next Fiscal Year Forecasted One-Time E Explanation:	xpenses:	\$
B. Operating Transfers: (To and from water and	l sewer enterpri	se fund and/or other applicable enterprise fund)
	Transfers In Transfers Out	\$ \$
	Transfers In Transfers Out	\$ \$

Water/Sewer Rate Structure: Copy of ordinance or other document that defines the water and/or sewer rates for

Planned/Budgeted Future Years:	Transfers In Transfers Out		
Explanation of Transfers:		Ψ	

C. <u>Forecasted Revenues and Expenses:</u> By what amount are annual revenues and expenses projected to increase or decrease as a result of this project and other planned changes?

Enter appropriate amounts below for the next three fiscal years and explain the rationale for any assumptions used: 1) additional customers 2) rate increase 3) other revenues 4) increase (decrease) in operating and maintenance (O&M) costs 5) debt service for issuance of new debt.

	N 0 ( /D	FY (	)	FY ( )	FY()
1.	New Customers/Revenue: Projected number of new customers each year (not cumulative)	#	#	#	
	Residential	#	#	#	
	Commercial	#	#	#	
	Industrial	#	#	#	
	Other (e.g., apartment complexes, malls)	#	#	#	
	Projected new service revenue (not cumulative)	\$	\$	\$	
	Projected new tap/connection/impact fees available for operations (not cumulative)	\$ 	\$	\$	
^	,				
2.	Rate Increase:  Projected new revenue each year	\$	\$	\$	
	(not cumulative)	Ψ	Φ	Φ	
	Projected percent increase	%	%	%	
3.	Additional Increases to Revenue: (not cumulative)				
	Other	\$	\$	\$	
	Regular population growth revenue (not cumulative)	\$	\$	\$	
	SPLOST (Referendum Attached) (not cumulative)	\$	\$	\$	
	, , ,		·		
4.	Increase in O&M expenses (not cumulative)	\$	\$	\$	
5.	New "Non-GEFA" debt service:	\$	\$	\$	

# Water/Sewer System Operations Information – Current Customer Base Analysis

Complete the following information as of the last day of the last month preceding the submission date of this application. If the answer for any block is "NONE", put NONE or -0- rather than leaving it blank.

	WATER		SEWER	
	A. Inside	B. Outside	C. Inside	D. Outside
	jurisdiction	jurisdiction	jurisdiction	jurisdiction
# of customers     RESIDENTIAL	Average use per/residential cus	tomer: gal/mo.	Average use per/residential custor	mer: gal/mo.
# of customers     COMMERCIAL	Average use per/commercial cu		Average use per/commercial cust	
3. # of customers INDUSTRIAL	Average use per/industrial custo		Average use per/industrial custom	-
# of customers with un-metered service				
Applicant is a returning customer   GEFA website – gefa.georgia.gov   Conference:   ACCG   GRWA   GMA   GAWP   GEDA   EPD representative   Consulting engineer   Other				
I certify that I am author Signature:	rized to sign this applic	ation on behalf of our gove	rning body.	
Print Name:				
Title:				
Date:				
ubmit complete application to:  Georgia Environmental Finance Authority Water Resources Division 47 Trinity Ave SW Fifth Floor Atlanta, GA 30334  OR  waterresources@gefa.ga.gov			ty	

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### GEFA Qualification-Based Selection (QBS) Certification

Section 602(b)(14) of the Federal Water Pollution Control Act (FWPCA) requires competitive procurement of architectural and engineering (A/E) services through a qualifications-based selection (QBS) process. This requirement applies to contracts for program management, construction management, feasibility studies, preliminary engineering, design, engineering, surveying, mapping, or other engineering-related services.

Effective January 1, 2021, all borrowers of GEFA's federal and state loan programs must follow a Qualification-Based Selection (QBS) process to competitively procure their A/E services for a project to be eligible for financing. Borrowers listed on an existing GEFA annual intended use plan (IUP), such as the 2020 IUP and earlier, are exempt from the QBS process.

#### GEFA Qualification-Based Selection (QBS) Process Review and Elements

GEFA reserves the right to review any QBS process to ensure compliance with the requirements of FWPCA Section 602(b)(14). If any element of the QBS process is found to be out of compliance with federal requirements, corrective action will be required of the loan recipient and must be completed within GEFA's designated time frame.

Elements of GEFA's review can include but are not limited to: ensuring that the loan recipient developed a QBS process, ensuring that the developed QBS contained the appropriate level of depth and complexity, and ensuring that the QBS process was implemented.

#### Qualification-Based Selection (QBS) Certification

Please select one of the following three certification options (required):

I certify that the anticipated project cost is less than \$1,000,000 and A/E services are less than \$100,000. A QBS process is not needed to procure A/E services.

I certify that the anticipated project cost is between \$1,000,000 and \$3,000,000 and A/E services are more than \$100,000. A one-step QBS process has been completed or will be completed to procure A/E services.

I certify that the anticipated project cost is more than \$3,000,000 and A/E services are more than \$100,000. A two-step QBS process has been completed or will be completed to procure A/E services.

Applicant Name:	
Authorized Certifier #1:	Authorized Certifier #2:
Title:	Title:
Signature:	Signature:
Date:	Date: