

For GEFA use:	
Project Number	
Amount Requested	
Date Received	



For EPD 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 District			

#### Project Engineer:

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

**Finance Director:**

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

YES

NO

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

Project Name	
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Project Description

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

<i>WATER SUPPLY (water)</i>		<i>WATER QUALITY (sewer)</i>	
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?

Consent Order: 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:	\$

**Early Project Costs:** 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?

**YES                  NO**

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

\$

**Funding Sources:** 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.

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

**Schedule:** 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 not exceed the amortization period of the loan.  Yes

**Service Delivery Strategy (SDS):** Is the proposed project consistent with your HB489 Service Delivery Strategy? (Attach a copy of the applicable pages from your SDS).

YES     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.

**Proof of QBS Advertisement:** 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 Georgia Water Planning District (MNGWPD):** Is your community in the MNGWPD?

- YES       NO

If yes, are you in compliance with district plan requirements? Please provide a copy of the compliance letter.

- YES       NO       N/A

**WaterFirst or PlanFirst Designation:** Is your community designated a WaterFirst or PlanFirst community by the Georgia Department of Community Affairs (DCA)?

- YES       NO

**Plumbing Code Compliance (for cities and counties only):** In order to qualify for financing, you must have adopted the high-efficiency plumbing code requirements outlined in O.C.G.A § 8-2-3. Provide GEFA a copy of the relevant section of your local code.

**Accounting Data:**

**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 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:

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**Water/Sewer Rate Structure:** Copy of ordinance or other document that defines the water and/or sewer rates for your jurisdiction. Please write the title and effective date of the document enclosed.

Title: \_\_\_\_\_ Effective Date: \_\_\_\_\_

(Mail Rate Structures)

Current Rate Structure (Effective Dates): \_\_\_\_\_

Prior Rate Structure (Effective Dates): \_\_\_\_\_

Planned Future Rate Structure (Effective Dates): \_\_\_\_\_

*If applicant is an "Authority that does not have independent taxing authority," the Authority must receive a full faith and credit pledge of a local government. If this applies to your application, please indicate with which local government you will get a full faith and credit pledge.*

**A. One-time Operating Expenses: (Example: Unexpected repairs to tank, pump station, wells, etc.)  
(Mail Detailed Backup Documentation)**

Expense Line Items:

Most Recent Audited Fiscal Year: \$

Explanation:

Expense Line Items:

Current Fiscal Year Forecasted One-Time Expenses: \$

Explanation:

Expense Line Items:

Next Fiscal Year Forecasted One-Time Expenses: \$

Explanation:

**B. Operating Transfers: (To and from water and sewer enterprise fund and/or other applicable enterprise fund)**

Most Recent Audited Fiscal Year: Transfers In \$

Transfers Out \$

Explanation of Transfers:

Current Fiscal Year Forecast: Transfers In \$

Transfers Out \$

Explanation of Transfers:





## 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 jurisdiction	B. Outside jurisdiction	C. Inside jurisdiction	D. Outside jurisdiction
1. # of customers RESIDENTIAL	Average use per/residential customer: gal/mo.		Average use per/residential customer: gal/mo.	
2. # of customers COMMERCIAL	Average use per/commercial customer: gal/mo.		Average use per/commercial customer: gal/mo.	
3. # of customers INDUSTRIAL	Average use per/industrial customer: gal/mo.		Average use per/industrial customer: gal/mo.	
4. # of customers with un-metered service				

How did you hear about GEFA?: (check all that apply)

- Applicant is a returning customer  
 Conference:  ACCG  GRWA  GEFA website – [gefa.georgia.gov](http://gefa.georgia.gov)  
 EPD representative  GMA  GAWP  GEDA  
 Consulting engineer  
 Other

I certify that I am authorized to sign this application on behalf of our governing body.

Signature:

Print Name:

Title:

Date:

Submit complete application to:

Georgia Environmental Finance Authority  
 Water Resources Division  
 233 Peachtree St NE  
 Ste 900  
 Atlanta, GA 30303-1506

OR

[waterresources@gefa.ga.gov](mailto:waterresources@gefa.ga.gov)

## 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 \$75,000. 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 \$75,000. 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 \$75,000. 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: