Iowa State Revolving Fund

Construction Loan Application



APPLICANT INFORMATION				
Applicant's Name:				
Street Address or PO	Box:			
City:		County:		Population Served
Contact Person:		Title:		
Phone Number:		Email:		
FINANCING INFORM	ATION			
T INANGING IN ON	Allon			
SRF Loan Request ¹ :			Anticipated Loan C	Closing Date ² :
Loan Term:	☐ Standard Term (20 years) ☐ E	Extended Te	rm (up to 30 years)³	
Security Pledge:	□ Net Revenues of the Utility □ General Obligation □ Combination			
Tax Status of Loan:	☐ Tax-Exempt ☐ Taxable ⁴ ☐ Combination (multiple series)			
3. For extended term loans	an will close and funds will be made available to the , please attach a copy of the DNR approved exterence letermine if more than 5% of the loan proceeds we UT THE PROJECT	nded term works		
Program:	☐ Clean Water SRF ☐ Drinking W	ater SRF S	RF Project Number:	
Project Name			Project Type: Traditional Water or Sewer Infrastructure	
Provide a brief description of the Project (100-word limit):			Emerging Contaminant or PFAS Lead Service Line Replacement	
				Non-Point Source **if a lead service line, emerging contaminant or PFAS project also involves traditional water or sewer infrastructure work, separate loan application (and loans) will be required for each project type.
Construction Schedule): :			
Construction Start	: Substantial Co	mpletion:	Fin	al Completion:

PROJECT COSTS AND SOURCES OF FUNDS (For this IUP Application or Project Phase Only) **Project Cost Breakdown Amount List All Sources of Funds** Amount Administrative, Financial, & Legal Expenses SRF Portion of Project Costs Engineering Expenses (not part of P&D loan) P&D Loan Number and Payoff P&D Loan Number and Payoff Construction Contractor Construction Contractor **Construction Contractor** Equipment Existing SRF Loan(s) Other Source Other Contingency **Total Project Costs** Total Funding If more than one loan, please describe split. Ex \$500,000 Revenue and \$925,000 GO PROFESSIONAL CONSULTANTS **Bond Counsel Firm:** Contact Name: Contact Phone: Email: **Municipal Advisor Firm:** Contact Name: Contact Phone: Email: **Grant Administrator Firm:** Contact Name: Contact Phone: Email: **Consulting Engineer Firm:** Contact Name: Contact Phone: Email: **SRF CONSTRUCTION LOAN REQUIREMENTS** The following documentation must be submitted prior to executing the loan commitment: For revenue-backed loans, please submit a pro-forma cash flow analysis prepared by a registered Municipal Advisor identifying all outstanding parity obligations and detailing the revenues, expenses, outstanding debt, and debt coverage ratios for the system. At a minimum, the pro-forma should show financial information based on actuals for the past two years, the current year, and projections for the next two years. If user rates must be increased to meet the loan's debt coverage requirements, please provide documentation that appropriate action has been taken to implement the recommendation of the Municipal Advisor (adopted rate ordinance, public hearing notice, etc.). **SIGNATURE** The undersigned is duly authorized to request this loan on behalf of the Applicant. The Applicant declares under penalty of law that all facts given, and information attached, are true and correct. The Applicant authorizes Iowa Finance Authority to verify all information.

Typed or Printed Name and Title

Authorized Signature

Date