



PARTNERSHIP WITH THE IOWA FINANCE AUTHORITY AND THE IOWA DEPARTMENT OF NATURAL RESOURCES

Construction Loan Application

| Applicant Information | | | |
|----------------------------------|--|------------------|--|
| Applicant: | | | |
| Tax ID Number: | | | |
| Contact Person and Title: | | | |
| Street Address: | | State: | |
| City: | | Zip Code: | |
| Telephone Number: | | County: | |
| E-Mail: | | | |

| Project Information |
|---------------------|
|---------------------|

Clean Water SRF NPDES Number:
Drinking Water SRF PWSID Number:

| |
|--|
| Please write a brief description of the proposed project: |
| |

Have construction contracts been awarded? Yes No

If Yes, provide the actual contract dates. If No, provide the expected dates:

| | |
|-------------------------------------|--|
| Construction Start Date: | |
| Substantial Completion Date: | |
| Final Completion Date: | |

| Funding Information |
|---------------------|
|---------------------|

Does this project have other funding? Check all that apply:

CDBG USDA-RD WTFAP

Are you interested in an extended term loan (up to 30 years)? Yes No

If yes, has the extended term worksheet been submitted to DNR? Yes No

Date submitted or expected date of submission:

Type of Debt Requested:

Revenue G.O Combination

Tax Exempt Taxable Combination



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Project Cost Breakdown

| | |
|--|----|
| Administrative, Financial & Legal expenses | \$ |
| Planning & Design expenses | \$ |
| Engineering construction expenses | \$ |
| Construction | \$ |
| Equipment | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Contingency | \$ |
| Total Project Cost | \$ |
| Minus Funds from other sources | \$ |
| SRF Loan Subtotal | \$ |
| 1/2% loan origination fee (.005 x SRF amount) | \$ |
| Total SRF Loan (round to nearest \$1,000) | \$ |

Sources of Funds

| | |
|------------------------------|----|
| Total SRF Loan | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total Source of Funds | \$ |

The application must include the following documentation with the completed application.

A pro-forma prepared by a registered Municipal Advisor showing detail of 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.

Documentation that demonstrates the appropriate action has been taken to implement the utility rate recommendation of the Municipal Advisor set forth in the 5-year pro-forma cash flow analysis.

The undersigned is duly authorized to request this loan on behalf of the Borrower. The Borrower declares under penalty of law that all facts given, and information attached are true and correct. The Borrower authorizes IFA to verify all information.

Authorized Signature _____ Date

Typed Name and Title

Submit Completed Application and Pro-Forma to SRF Program Staff at:
waterquality@iowafinance.com
 515 452-0400