2025 Application for Funding

#### PROGRAM OVERVIEW

The Wastewater and Drinking Water Treatment Financial Assistance Program (WTFAP) provides grant funding to lowa communities for wastewater and drinking water infrastructure projects. Awards are determined annually by a committee consisting of representatives from the lowa Finance Authority (IFA), the lowa Department of Natural Resources (DNR) and the lowa Department of Agriculture and Land Stewardship (IDALS).

Priority consideration for funding is given to:

- Disadvantaged Communities seeking financial assistance for the installation or upgrade of wastewater or drinking water treatment facilities
- Projects whose completion will provide significant improvement to water quality in the watershed
- Communities employing alternative wastewater treatment technology pursuant to lowa Code 455B.199C
- Communities where sewer or water rates highest as a percentage of community's median household income
- Communities employing technology to address the goals of the lowa Nutrient Reduction Strategy
- Communities whose drinking water supply is a source water on the impaired waters list
- Communities whose project will improve waters on the impaired waters list

More information can be found at iowafinance.com.

#### **FUNDING AVAILABILITY AND APPLICATION PROCESS**

We are prepared to award approximately \$8 million available to eligible projects for the 2025 funding round. The maximum grant award is limited to \$500,000.

Applications are due Monday, November 3, 2025. Awards will be announced in late 2025.

Applications may be submitted via email or mail:

waterquality@iowafinance.com or

Iowa Finance Authority Attn: Water Quality 1963 Bell Avenue, Suite 200 Des Moines, IA 50315

Because grants are awarded annually and funds are limited,

- 1) WTFAP grant awards are limited to \$500,000 annually
- 2) WTFAP grant awards are limited to \$500,000 in total per project
- 3) WTFAP applicants must commit to start construction before September of 2026

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### **APPLICANT INFORMATION**

Contact Person/Title:  Street Address:  City:  County:  Phone Number:  Email Address:  PROJECT INFORMATION  Please complete the following information about the Project.  Project Priority Category (select all that apply)  1. Disadvantaged Community installing or upgrading wastewater or drinking water treatment facilities  2. Project provides significant improvement to water quality in the watershed upon completion  3. Project employs alternative wastewater treatment technology pursuant to lowa Code 455B.199C  4. Sewer or water utility rates are more than 2% of the community's median household income  5. Project employs technology to address the goals of the lowa Nutrient Reduction Strategy  6. Drinking water supply is a source water on the impaired waters list  7. Project improves water(s) on the impaired waters list  8. None of the above (If none of the above, the project is not eligible)  Project Description  Please briefly describe the project and why it is necessary in simple, easily understood terminology (2-5 sentences)	Applicant	Name:	
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#### **Project Status – Choose One That Best Describes Project Readiness**

- 1. Engineer hired (planning phase)
- 2. Preliminary Engineering Report of Final Plan Developed
- 3. Construction Permit Issued
- 4. Construction Permit Issued and Construction Contracts Awarded
- 5. Construction Started

### **Project Cost and Funding Breakdown**

Expense Type	Amount
Administrative	
Financial and Legal	
Planning & Design	
Engineering Construction Fees	
Construction Contract #1	
Construction Contract #2	
Material or Equipment (not part of contract 1 or 2)	
Total Project Costs	

Funding Source	Amount
2025 WTFAP Request (Required)	
Previous WTFAP Award	
CDBG	
USDA – Grant	
USDA – Loan	
SRF Loan	
Local Funds	
Congressional Earmark	
Total Sources of Funds	

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#### **SYSTEM INFORMATION**

Please provide operating and financial information about the Utility System.

Select System:	Annual Usage (Gallons/year):	
Wastewater	Population Served by System:	
Drinking Water	Median Household Income:	
	Click <u>here</u> to look up Median Househo	ld Income.
User Rates		
Average Expected Monthly Bill for Residential Ratepayers		
Not Including Requested 2025 WTFAP Funds		
Including Requested 2025 WTFAP Funds		
	Yes	No
Have ordinances related to increasing rates been adopted for		NO
The commence of the control of the c		

### **Connections and Annual Revenue by Type**

	Number of Connections	Annual Revenue	Percent of System Usage
Residential			
Commercial			
Industrial			
Other			
Unmetered			
	Total Revenue:		

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#### **Financial Information**

<b>Expenditures</b>	for	FY	2025
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Phone Number:

Expenditures for FY 2025  Operation and Maintenance						
Repairs						
Capital Improvement Fund						
Other – Specify:						
		7	Total Expe	enditures:		
Fund Balances						
Total Fund Balance	Amount R	estricted		Amo	ount	Unrestricted
Suintinu Contour Bota						_
Existing System Debt  Revenue Bonds (list below)	Current Balance	Interest Rate	Year Issued	Matur Date	-	Annual Payment (P & I)
, ,						,
Other Debt Payable from System Revenues						
Totals:						
PROFES  Please provide information ab	SSIONAL C				e Proj	ject.
Project Engineer						
Firm Name:						
Contact Person:						
Phone Number:	Email Addre	ss:				
Municipal Advisor/Financial Consul	tant (if applic	cable)				
Firm Name:						
Contact Person:						

Email Address:

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Complete this section if you are applying for assistance under any of the following priority areas 2, 6 or 7:

Identify the watershed and/or waterbody the project will improve:

Identify the current impaired use/s and cause/s of the impairment/s to the waterbody the project improves:

Briefly describe how the project will improve water quality in the watershed or address the specific impairment/s to the waterbody:

Discuss project location, land ownership and plans for acquiring properties or easements, if applicable.

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Complete this section if you are applying for assistance under priority area 3:

Please note that in addition to Iowa Code 455B.199C, "alternative technology" could also mean a commonly used technology that has been proven effective and reliable for its intended purpose but is not included in the <a href="Iowa Wastewater Facilities Design Standards">Iowa Wastewater Facilities Design Standards</a>.

Explain the alternative wastewater treatment technology bei	ng used:
Please include documentation with this application demo	
Complete this section if you are applying for as	ssistance under the following priority area 5:
Explain the technology being used and how it reduces nu Reduction Strategy:	utrients to help address the goals of the lowa Nutrient

2025 Application for Funding – Minority Impact Statement

Pursuant to <u>Chapter 8</u> of the lowa Code, all grant applications submitted to the State of lowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the State's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

Please choose a statement below that pertains to this grant application. Complete all the information requested for the chosen statement.

Briefly describe the positive impac	t expected from this project:	
Indicate which group(s) are expec	ted to be impacted:	
Women	Persons with a Disability	Asians
Blacks	American Indians	Alaskan Native Americans
Latinos	Pacific Islanders	Other
The proposed project funded by persons.	this grant could have a disproportionate or	unique <u>negative</u> impact on minor
Briefly describe the negative impa	ct expected from this project:	
Indicate which group(s) are expec	ted to be impacted:	
Indicate which group(s) are expec Women	ted to be impacted:  Persons with a Disability	Asians
	*	
Women	Persons with a Disability	
Women Blacks Latinos	Persons with a Disability American Indians Pacific Islanders	Alaskan Native Americans
Women Blacks	Persons with a Disability American Indians Pacific Islanders	Alaskan Native Americans
Women Blacks Latinos	Persons with a Disability American Indians Pacific Islanders	Alaskan Native Americans
Women Blacks Latinos  Present the rationale for the existe	Persons with a Disability American Indians Pacific Islanders nce of the proposed project:	Alaskan Native Americans Other
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Women Blacks Latinos  Present the rationale for the existe	Persons with a Disability American Indians Pacific Islanders nce of the proposed project:	Alaskan Native Americans Other
Women Blacks Latinos  Present the rationale for the existe  Provide evidence of consultation v	Persons with a Disability American Indians Pacific Islanders nce of the proposed project:	Alaskan Native Americans Other  acted:

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#### **Attestation of Truthfulness**

The undersigned is duly authorized to apply for this grant 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 lowa Finance Authority to verify all information.

Authorized Signature	
Printed Name	
Title	
Date	

### All applications are due Monday, November 3, 2025 Signed Applications may be emailed or mailed.

waterquality@iowafinance.com

or

Iowa Finance Authority Attn: Water Quality 1963 Bell Avenue, Suite 200 Des Moines, IA 50315