KIA Loan Number: W26 WRIS PNUM:	KIA Loan Applicant (s): WRIS Project Title:					
Please select the loan application type:	○ Construction	🔿 Planning a	nd Design			
	🔿 Non-Capital	O Declared E	mergency			
	🔿 Regional					
	Pi	roject Contact	Information			
Legal Applicant						
Entity Name						
Street / PO Box						
City		County		State	Zip Code	Phone
Authorized Official		A	uthorized Official Title			
Authorized Official Email						
Project Administrator						
Administrator Name			Title			
Firm Name			Email			
			Linan			
Street / PO Box						
City		County		State	Zip Code	Phone
Application Contact Person (If different fro	m the Project Administrat	or.)				
Contact Person			 Title			
Firm Name			Email			
Street / PO Box						
City		County		State	Zip Code	Phone

Engineering Firm (If Project requires an Engine	ver.)				
Firm Name					
Project Engineer					
Project Engineer Email					
Street / PO Box					
City	County	State	Zip Code	Phone	
Has the Project Engineering Firm been proc	cured following KRS Chapter 45A?		OY	les 🔿 No	
If no, please provide the current status					
and estimated					
schedule:					

Applicant and Project Eligibility Information

Please select the category or categories that identify your utility as an eligible entity and provide the requested supporting documentation for each category selected:

□ The median household income MHI within the service area of the funding applicant is less than the Commonwealth's median household income.

The service area MHI will be verified and obtained from the WRIS calculation for the applicant and will be based on the year in which the project applies for funding. No additional information is needed for this category. If the utility is not represented in the WRIS, the MHI will be based on the US Census Bureau data (as updated annually).

□ User rates for the public drinking water or wastewater services provided by the funding applicant are at or above one percent (1%) of annual household income for its service area.

Please provide: Curi

- Current rate ordinance
- □ Prior rate ordinance
- □ Anticipated rate ordinance (if project will require a rate increase or a rate increase is planned) Please provide the anticipated effective date of the new rates.
- □ The funding applicant has failed to produce a financial statement audit in at least one (1) of the prior three (3) years.

 $Please provide: \Box \quad Past three consecutive years audited financial statements.$

□ If three consecutive years of audited financial statements are not available, please provide a detailed explanation of why the utility does not have three consecutive years of audited statements. Include in the explanation, what the utility is doing to obtain current audited financial statements.

- □ The funding applicant has negative income in any two (2) of the previous five (5) years.
 - Please provide:
- □ Past consecutive five years audited financial statements.
- □ If five consecutive years of audited financial statements are not available, please provide compiled financial statements for the years that audits are not available.
- □ The funding applicant's debt service coverage ratio, calculated by dividing its annual net operating income by its annual debt payments, was less than one and one-tenth (1.1) in any three (3) of the previous five (5) years.

Please provide:

- □ Past five consecutive years audited financial statements.
- □ If five consecutive years of audited financial statements are not available, please provide compiled financial statements for each year that audits are not available.
- □ The funding applicant's current accounts payable turnover ratio, calculated by dividing its monthly net credit purchases from suppliers by its average accounts payable balance for the month, is less than one (1). (This calculation will be annualized if the applicant provides annual financial statements. [Total Purchases Made on Credit divided by Accounts Payable]).

Please provide:

- □ Past three consecutive years audited financial statements.
- A list of all purchases made on credit (by category) with annual dollar amounts identified. Some examples may be: Chemicals purchased during the year: \$
 Annual electric costs: \$

Please include all categories of expenditures made on credit.

□ The funding applicant's current days' sales in accounts receivable ratio, calculated by dividing its monthly accounts receivable by its monthly credit sales value and multiplying the resulting quotient by the number of days in that month, is greater than forty-five (45) days. (This calculation will be annualized if the applicant provides annual financial statements. [Accounts Receivable divided by operating revenue divided by 365 days]. "Credit sales" means operating revenue generated by rate payers.)

Please provide:

- □ Past three consecutive years audited financial statements
- □ If three consecutive years of audited financial statements are not available, please provide compiled financial statements for the years that audits are not available.

□ The funding applicant has received a notice of violation or has entered into an agreed order as a result of a violation of the requirements of the Safe Drinking Water Act, 42 U.S.C. sec. 300f et seq., or the Clean Water Act, 33 U.S.C. sec. 1251 et seq., in the past year.

Please provide: \Box A copy of the notice of violation or agreed order.

 \Box The percentage of water loss of the funding applicant's system is greater than thirty percent (30%)

Please provide: Dest 2 years of monthly water loss reports.

Please provide a corrective action plan that will detail how the KY WWATERS funding will be used to address the performance deficiencies that made the applicant eligible for the funding:

$\hfill\square$ Corrective Action Plan

The corrective action plan should contain the following sections:

- Identification: What should be fixed?
- Evaluation: What is the Consequence of Noncompliance?
- Root Cause Analysis: Why did this happen?
- Action Plan Development and Implementation:
 - How will the problem be corrected?
 - Who will be responsible for correcting the problem?
 - What is the timeline for correcting the problem?
- Follow-Up:
 - What are the follow up milestones?
 - When should the milestones be reevaluated?

For emergency projects relating solely to restoring or avoiding imminent interruption of utility service provided by a public water or wastewater system, please provide the resolution or ordinance that declares the emergency.

This emergency is:

- □ Statewide State of emergency declared pursuant to KRS Chapter 39A.
- □ Local State of emergency declared for the jurisdiction where the public water or wastewater system is located pursuant to KRS Chapter 39B.

For regional projects, please describe how the funding will be used for regionalization, consolidation, or partnerships consistent with the policy stated in KRS 224A.300 (1).

Please describe how the funding will be able to fully resolve the pending issues that are the subject of this application for funding.

Please identify the category or categories that identify your project as an eligible project:

 \Box This project will be used for:

Please identify:

Capital expenditures (construction, planning and design of a construction project, refinancing a construction project)
 Non-capital expenditures (all other expenditures not related to construction)

Please identify the type of expenditure.

- □ Developing technical, operational, and maintenance resources and expertise.
- □ Improving utility infrastructure planning, repair, maintenance, renovation, and management of plants and assets.
- D Obtaining technical expertise in areas of rate-setting, cost-of-service, and proper utility accounting standards for the utility type.
- □ Performing and correcting deficiencies from drinking water, wastewater, and financial audits.
- Providing financing for financial inadequacies, including debt service coverage through relief or refinance of the drinking water or wastewater system's debt.
- Providing payment assistance for other financial inadequacies including but not limited to excessive maintenance costs, fines and penalties from past violations, or consultants.
- Extending financing for inadequately maintained distribution, collection, or treatment works, including service extensions to unserved or underserved areas and the renovation of treatment works to conserve resources.
- \Box Other (please describe).

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General Project Information

Project Description

For capital construction or planning and design projects, this description must be consistent with the description and mapping with the referenced WRIS Project Profile listed. If possible, please use the same project description found in the WRIS Project Profile. If updates need to be made to the WRIS Project Profile description or mapping, contact the ADD Water Management Coordinator listed in the project profile prior to submitting this application.

For non-capital projects, this description should be as detailed as possible to fully describe the use of the funding.

Have business closings or disru	Have business closings or disruptions occurred due to infrastructure inadequacy?			○ No
If yes, describe:				
Is the applicable infrastructure	system under sanction from any enforcement ag	ency?	⊖ Yes	⊖ No
If yes, describe: Include deadlines, fines, and relationship to proposed project.				
Are easements or land acquisit	ions needed for the project?		⊖ Yes	○ No
If yes, describe: Explain the status of each parcel.				
If applicant has obtained the ne	ecessary land, indicate if by:	🔿 Leasehold Interest 🔿 Fee Sin	mple Title	○ Other
If other, specify:				

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Current Infrastructure System Analysis						
List the total number of new a	and existing customers by type that v New Existing	will be directly impacted by the proposed pro	vject: New	Existing		
Residential		In City (Municipal)				
Commercial		Out of City (Municipal)				
Industrial		Non-Municipal Systems				
Institutional						
Wholesale						
Other						
	Rates, Ordi	nances, and Service Agreements				
	Current Rates	Previous Rates	Proposed Ra	tes (If Applicable)		
In City or Non-Municipal System	Water Sewer	Water Sewer	Water	Sewer		
Rate per 4,000 Gallons Minimum Bill						
Out of City						
Rate per 4,000 Gallons						
Minimum Bill						
Effective Date:						
Applicant must submit current, pr	revious, and proposed rate ordinances as a	n attachment. (Proposed rate ordinances are only r	equired if applicable.)			
Has a rate study been prepare If yes, attach a copy of the rate stu	ed in anticipation of a rate increase? <i>udy.</i>		⊖ Yes	⊖ No		
	ea have a mandatory connection ord ate mandatory connection ordinance.	inance?	⊖ Yes	() No		
Does the system use a billing	service or does another utility comp	lete the billing for the system?	○ Yes	⊂ No		
If yes, list the billing service o Applicant must submit all billing s as an attachment.	r utility(ies): service agreements/contracts					
List any communities or distr	ricts that receive services from the ap	oplicant system:				
Community/DistrictName			Number of Customers	Annual Revenues Billed		
1.						
2.						
3.						
4 5.						
			L			

Are operations and maintenance functions assigned to another party?

○ Yes ○ No

If yes, provide details of the agreement: Applicant must submit all operation and maintenance agreements/contracts as an attachment.

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Financial and Revenue Information						
Are revenues and expenses for this system accounted for separately from other utility services? O Yes						
If no, explain:						
Are revenues and expenses for this system accounted for separately from other utility se	ervices?	⊖ Yes	() No			
If no, explain: Include PSC's role and estimated schedule of review.						
Identify all revenues, other than service fees, which are dedicated to the system:			Annual Revenues Billed			
1.						
2.						
3.						
4.						
5.						
List the system's five highest users along with the usage type, annual volume used in ga	allons, and annual rev					
User Name	Usage Type	Annual Volume Sold (G)	Annual Revenues Billed			
1.						
2.						
3.						
4.						
5.						
List any <u>anticipated</u> industrial, commercial, housing developments, or other large users	in the system's service	e area that will impact	revenues:			
User Name	Service Start Date	Anticipated Annual Usage (G)	Anticipated Annual Revenues			
1.						
2.						
3.						
4.						
5.						
If the system has more than five proposed large users, submit a list as an attachment.						
List any pending financial transactions, bond issues, or anticipated debts: Description Amount	Interest Rate	Issuance Date	Term Length			
1						
1.						
3.						
4						
			L			

If the system has more than five pending financial transactions, bond issues, or anticipated debts, submit a list as an attachment.

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		Financial a	nd Revenue Information (Cont.)		
List the the annual ope	rations and maint	enance costs for the last t		Year	Cost
r					
Estimated total cost af	ter project comple	etion.		Year	Cost
Explain the current an	nual funding requ	irements for depreciation	and operation and maintenance reserves?		
Are operation and mai	ntenance paymen	ts required by prior bond	or ordinance?	⊖ Yes	○ No
If yes, is the system in	compliance?			⊖ Yes	○ No
If no, explain:					
n no, explain.					
Outline the applicant's	plan for producin	g revenues sufficient to co	over debt service and operations.		
		Project Imp	plementation Plan and Schedule		
Does the Public Service	e Commission hav	e jurisdiction over this pro		⊖ Yes	○ No
If yes, describe: Include PSC's role and esti schedule of review.		· · ·	·		
Have plans and specifi	cations been revie	ewed and approved by the	Division of Water?	⊂ Yes	○ No
If no, explain status:					
Estimated Project Sche	edule:		List the anticipated contracts, descrip		
Antipingtod Classic		hata	Contract Number/Name/Descriptio	on	Estimated Amount
Anticipated Clearingho Anticipated Bid Adver			1 2		
Anticipated Bid Adver			3.		
Anticipated Construct			3. <u> </u>		
Anticipated Construct		te:	5.]
	on completion Da		51L		

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		Project Imple	ementation Plan and Schedule (Cont.)				
Will the applicant use	Will the applicant use its own workforce to perform any services on the proposed project (including engineering)? 🔿 Yes 🔿 No						
If yes, list the service	s:						
Does this project have any construction or bid requirements related to other funding sources? C Yes C No							
If yes, list the require	ments:						