



We work with others to protect the health of the people of Washington State by ensuring safe and reliable drinking water.

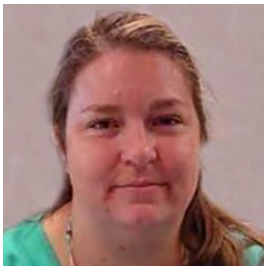


**Drinking Water State
Revolving Fund Overview**

Washington State Department of Health
Office of Drinking Water

Application Worksheet & WALT Training

August 9 &15, 2018



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DWSRF Application Assistant

**Drinking Water State
Revolving Fund Program**

Hello and Welcome

- WALT (Washington Loan Tracking) is the Office of Drinking Water's loan and grant management tool.
- The online portal is the place to:
 - submit applications for funding opportunities
 - check the status of your application
 - submit applicable documentation
- Complete a DWSRF Construction Loan Worksheet

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Draft Application Worksheet

- Use the draft application worksheet to gather all of your necessary information
- * marks required fields
- Missing information – you could be ineligible

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DWSRF Application Worksheet

Registration - Organization Information		
*Applicant Organization		
*Address 1		
Address 2		
*City	State	*Zip Code +4 (Link to USPS Zip Code Lookup)
*County	*Phone Number	
*Email	*Federal Tax ID #	Organization Website Address:
Registration - Contact Information		
*First Name		*Last Name
*Phone Number		*Email
Address 1		Address 2
*City	State	*Zip Code +4 (Link to USPS Zip Code Lookup)
Applicant Organization Information		
*Water System Name:		*Water System ID#:
*Data Universal Numbering System (DUNS) #:		*Statewide Vendor #:
*Central Contractor Registration (CCR) Expiration Date: Click here to enter a date.		*UBI#:

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Application Worksheet (continued)

Initial Eligibility
ATTENTION: Answering NO to any of the following six questions or not providing documents requested will make you ineligible. Please contact your regional planner or engineer if you have questions.
*Is your Water System Plan (WSP) or Small Water System Management Program (SWSMP) approved and current? <input type="checkbox"/> YES <input type="checkbox"/> NO
*Have you attached/uploaded a copy of the approval letter for applicant's WSP or SWSMP? <input type="checkbox"/> YES <input type="checkbox"/> NO Provide copy with application submittal
*Have you attached/uploaded a copy of the page in the WSP or SWSMP that has the proposed project included? <input type="checkbox"/> YES <input type="checkbox"/> NO Provide copy with application submittal
*If your project requires Water Rights (such as a new source) have you secured your Water Rights? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Provide copy of applicable information with application submittal.
*Applicant owns project site or has ability to control site through easement or lease for at least the duration of the loan? <input type="checkbox"/> YES <input type="checkbox"/> NO Provide copy of applicable information with application submittal.
*Applicant has NO outstanding audit findings related to technical, managerial, or financial capacity? <input type="checkbox"/> YES <input type="checkbox"/> NO

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Application Worksheet (continued)

Project Information			
*Project Name:			
*Brief Project Description (Max 500 Words):			
*Legislative District (1-49):		*Congressional District (1-10):	
Project Site Name			
Project Site Street Address		City	State
Zip Code +4	Latitude	Longitude	*Project County

Application Worksheet (continued)

*Main focus of the project (Select One): <input type="checkbox"/> Construction-Transmission & Distribution <input type="checkbox"/> Construction-Source <input type="checkbox"/> Construction-Treatment <input type="checkbox"/> Land Acquisition <input type="checkbox"/> Planning & Design Only <input type="checkbox"/> Purchase of Systems <input type="checkbox"/> Restructuring/Consolidation/Receivership <input type="checkbox"/> Other
If other (public health concerns), please provide comments:
*Actions proposed to address public health concerns (Check all that apply): <input type="checkbox"/> New Source <input type="checkbox"/> Source reconstruction or rehabilitation <input type="checkbox"/> Disinfection <input type="checkbox"/> Filtration <input type="checkbox"/> Other treatment <input type="checkbox"/> Treatment replacement or upgrade <input type="checkbox"/> Lead component or service line replacement <input type="checkbox"/> Security measures <input type="checkbox"/> Seismic improvements <input type="checkbox"/> Resiliency <input type="checkbox"/> Interle <input type="checkbox"/> Redundancy <input type="checkbox"/> Reservoir interior rehabilitation <input type="checkbox"/> New reservoir <input type="checkbox"/> Consolidation or restructuring <input type="checkbox"/> Cross connection control <input type="checkbox"/> Pressure reducing station <input type="checkbox"/> New pump station <input type="checkbox"/> Pump Station improvements <input type="checkbox"/> Meters as part of bigger project <input type="checkbox"/> Water main installation or replacement <input type="checkbox"/> Treatment plant discharge improvements <input type="checkbox"/> Telemetry or controls <input type="checkbox"/> Other

Application Worksheet (continued)

***Is this a restructuring/consolidation/receivership project?**
☐ YES ☐ NO

***If YES, provide general description of the final outcome of restructuring/consolidation/receivership activities:**

***Is WSARP funding being requested for this project?**
☐ YES ☐ NO
Please indicate the amount of WSARP funding being requested on the budget table.

For restructuring/consolidation/receivership project requesting WSARP funding, attach/upload connection and average water rate information for the system being restructured/consolidated/received

***Does this project address a compliance issue in a department issued correspondence?**
☐ YES ☐ NO

***If YES, what issue(s)?**
☐ Compliance Order
☐ Boil Water Advisory
☐ Sanitary Survey Finding
☐ Other

***Attach/upload Department Issued Compliance Document(s)**

Application Worksheet (continued)

***Exceeding a maximum contaminant level (MCL), secondary MCL, or action level or within 80% of nitrate or arsenic MCL?**
☐ YES ☐ NO

***If YES, what type of contaminant(s)?**
☐ Arsenic (As)
☐ Copper (Cu)
☐ Iron (Fe)
☐ Manganese (Mn)
☐ Lead (Pb)
☐ Nitrate (as N)
☐ Disinfection by-products
☐ Radionuclides
☐ Organic chemicals
☐ Total Coliform
☐ Other

***If Other, please describe:**

***Treatment technique issue?**
☐ YES ☐ NO

***If YES, select rule(s):**
☐ Ground Water Rule
☐ Revised Total Coliform Rule
☐ Surface Water Treatment Rule
☐ Other

***If other treatment technique issues, please describe:**

Application Worksheet (continued)

Does this project require coordination with other infrastructure projects, such as road improvements or sewer main installation? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Please list other infrastructure projects and scheduling issues: <div></div>	
*What "Green Infrastructure"/Investment Grade Efficiency Audit(s) (IGEA)/Water Use Efficiency (WUE) element(s) are included in the construction project? <input type="checkbox"/> Reduced water loss <input type="checkbox"/> Reduced energy consumption <input type="checkbox"/> Fewer greenhouse gas emissions <input type="checkbox"/> Improve source water quality <input type="checkbox"/> Improve source water availability <input type="checkbox"/> Reduce operating costs <input type="checkbox"/> Innovation approaches to achieve environmental protection <input type="checkbox"/> Other <input type="checkbox"/> N/A *If other, please provide Green Infrastructure comments:	
*Do you have meters on all existing water sources? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*Does the water system have service meters on all existing services? <input type="checkbox"/> YES <input type="checkbox"/> NO *If NO, provide reason for not having meters.	

Application Worksheet (continued)

Do you want to be considered for Restructuring or Consolidation Bonus Points? If YES, list the names and PWSID #'s being taken over and restructured. If uncertain, check Sentry Internet.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	PWSID #:	
Name:	PWSID #:	
Name:	PWSID #:	
Name:	PWSID #:	
Do you want to be considered for Regional Benefit Bonus Points? If YES, list the names and PWSID #'s that benefit from the project.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	PWSID #:	
Name:	PWSID #:	
Name:	PWSID #:	
Name:	PWSID #:	
Is the engineering report and/or project report approved? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach/upload DOH approval of engineering or project report		
Indicate status of project permits Attach/upload approved project permits.		

Application Worksheet (continued)

Are the construction and/or bid documents complete and approved by DOH? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach/upload DOH approval letter	
Has your water system completed the SEPA and/or NEPA process for this project? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach/upload final SEPA/NEPA letter	
Has your water system completed the cultural/historical review process under Section 106 or Governor's Executive Order 05-05? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach/upload completed cultural/historical review	
Does this funding complete a previous incomplete DWSRF project? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide DWSRF Application number and explain why it's incomplete:	
Does this funding complete a previous grant or loan? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, which type(s)? <input type="checkbox"/> Construction Loan <input type="checkbox"/> Emergency Loan <input type="checkbox"/> Pre-Construction Loan <input type="checkbox"/> Pre-Construction Grant <input type="checkbox"/> Consolidation Grant	
Does this loan complete the funding package for this project? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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Application Worksheet (continued)

Does your system have an asset inventory? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach/upload a copy of your asset inventory
Has your staff attended asset management training session? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide who, where, and when:
Have you assigned a criticality number to your assets? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach/upload a copy of criticality numbers assigned to you assets.

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Application Worksheet (continued)

Financial Information		
*Project Budget (Enter date and amount for each activity included in your budget. If not listed, add below.)		
Activity	Date (Estimated)	Loan Request (Costs) Amount
Engineering Report (preliminary engineering)	Click here to enter a date	
Environmental Review	Click here to enter a date	
Cultural Review	Click here to enter a date	
Land/Right-of-Way Acquisition	Click here to enter a date	
Permits	Click here to enter a date	
Public Involvement/Information	Click here to enter a date	
Bid Documents (design engineering)	Click here to enter a date	
Construction	Click here to enter a date	
Contingency (should be at least 10% of Construction cost)	Click here to enter a date	
DOH Review/Approval Fees	Click here to enter a date	
Other Fees (sales or use taxes)	Click here to enter a date	
Service Meters (purchase and installation)	Click here to enter a date	
Audit Costs	Click here to enter a date	
		Subtotal
Other (describe):	Click here to enter a date	
Other (describe):	Click here to enter a date	
Other (describe):	Click here to enter a date	
		Funding Request TOTAL
		Loan Fee (1.00% of the total)
		TOTAL FUNDING REQUEST (add the two lines above)

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Application Worksheet (continued)

For restructuring/consolidation/receivership projects, list amount of WSARP funding being requested		
*Will you be using any other funding sources for your project? If YES, please list funding sources and amounts below.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Funding Source:	Amount:	
Funding Source:	Amount:	
Funding Source:	Amount:	
Funding Source:	Amount:	
*If the water system is a nonprofit corporation serving a non-community, attach/upload a copy of the federal nonprofit certification to this application.		
*Applicant's relationship to the water system (Select one type): <input type="checkbox"/> Water Manager <input type="checkbox"/> Parent and/or subsidiary <input type="checkbox"/> Owner <input type="checkbox"/> Satellite System <input type="checkbox"/> Attend to Absorb/Restructure With		*Years in business as a water system: *Number of years under current management:
*List your System's Reserve Accounts		Amount \$0.00
Operating cash reserve balance		
Emergency reserve balance		
Capital reserve balance		
Equipment reserve balance		
TOTAL		

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Application Worksheet (continued)

Does your water system have managerial capacity?
*Are all of your water system board positions filled? <input type="checkbox"/> YES <input type="checkbox"/> NO
*Does your board meet regularly? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, When?
*Are your board meeting minutes available for review? <input type="checkbox"/> YES <input type="checkbox"/> NO
*Attach/upload meeting minutes approving submittal of the DWSRF application for the proposed project and proposed funding amount.
Does your water system have technical capacity?
*Do you have a certified operator? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list operator name and certification number
*Do you keep the following records and are they available for review? <input type="checkbox"/> YES <input type="checkbox"/> NO Operating (example: source and service meter reading) Maintenance (example: how often is the pump replaced or serviced?)

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Application Worksheet (continued)

*Connection Totals (List number of active residential, commercial, and other or vacant connections.)						
Connections	Current Year	Future Year 1	Future Year 2	Future Year 3	Future Year 4	Future Year 5
Total Number of Active Residential Connections						
Total Number of Active Commercial Connections						
Total Number of Other or Vacant Connections						
Total Number of Connections						
*Water Rate Information (Provide Water Rate Information per residential connection.)						
Average monthly residential rate per connection (base rate)						
Additional residential rate per 100 cubic feet (CF)						
Average monthly cubic feet consumption per connection						
Current average rate per connection before this project						

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Application Worksheet (continued)

Was an income survey conducted on your system, jurisdiction, or project area? ☐YES ☐NO
If YES, Attach/upload a copy of the final report of the income survey and MHI determination.

Will the water system increase rates to repay this loan?
☐YES ☐NO

*Did or will the water system adopt rates to include the DWSRF loan repayment? ☐YES ☐NO
If YES, when will the new rates be effective?

Attach/upload meeting minutes of the rate increase

How much annual revenue does this system expect this source to generate?

Current Outstanding Long Term Debt (For each obligation, list the annual principle and interest debt service, interest rate, maturity date and collateral, if any.)

Lender	Outstanding Balance	Payment Amount	Payment Schedule (Select One)	Interest Rate Percent	Interest Rate (Select One)	Maturity Date
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	

Application Worksheet (continued)

Open Lines of Credit (List the total amount available, the current balance and the interest rate for each.)

Lender	Available Credit	Current Balance	Interest Rate Percent	Interest Rate (Select One)	Maturity Date	Collateral Securing Debt
				<input type="checkbox"/> Fixed <input type="checkbox"/> Variable		
				<input type="checkbox"/> Fixed <input type="checkbox"/> Variable		
				<input type="checkbox"/> Fixed <input type="checkbox"/> Variable		

List all entities where the applicant system has overlapping debt (Please indicate the amount and percent of outstanding debt for which your system is liable. Include 100% of debt if fully guaranteed by your system and 100 % of debt your system's parent company is obligated for as the parent of other subsidiary entities.)

Entity Name	Outstanding Debt	Percent Share of Outstanding Debt

Does the system have the ability to raise rate for loan repayment? ☐YES ☐NO

Is there a pending motion (or resolution) to limit the water system's ability to raise rates or expend from revenue the funds needed to repay a loan? ☐YES ☐NO

Has the applicant experienced severe fiscal distress resulting from a natural disaster (example: Governor-declared emergency, or emergency public works need in the past 12 months)? ☐YES ☐NO

Has the applicant received past or present technical assistance from the Rural Community Assistance Corporation (RCAC), Evergreen Rural Water of Washington (ERWOW), or any other consultant?
☐YES ☐NO
If YES, please provide comments:

Application Worksheet (continued)

Did technical staff help you complete this form?
☐ YES ☐ NO

If YES, identify activities the technical staff provided for your water system or your board:

☐ Asset Management Training
☐ Rate Setting
☐ Assistance Completing Applications
☐ Income Survey
☐ Other
If other (activities), please provide comments:

Identify all events listed below that your water system experienced in the last five years.

Is the water system involved in any lawsuits or pending litigation that is in excess of \$10,000? ☐ YES ☐ NO

If YES, Attach/upload a statement from your attorney describing the lawsuit.

Have company assets been sold? ☐ YES ☐ NO

Will company assets be sold in the future? ☐ YES ☐ NO

Is the system under any regulatory or court compliance order? ☐ YES ☐ NO

If YES, please explain:

Attach/upload documentation

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Application Worksheet (continued)

Business References for privately owned systems only. list the names and contact information of at least three references you did business with during the past year.

Business Organization	Contact Person	Phone (xxx-xxx-xxxx)	Business account #

Authorization of DOH by Borrower for privately owned systems only. To facilitate processing of this application, the borrower hereby authorizes DOH staff to request business and/or personal credit reports for all proposed responsible parties for the debt obligation. (List name of person(s) who give DOH authority to check credit history.)

Name of Authorized Person(s)	Title	Date

We certify that the applicant has not defaulted on any payment of matured principal and/or interest.

☐ YES ☐ NO
If NO, provide details:

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Application Worksheet (continued)

***To fully evaluate the financial status of the applicant, the DWSRF program requires the applicant attach/upload the following items:**

- ☐ All applicants: Balance Sheet Statements for last three years and current year if available.
- ☐ All applicants: Book Asset Details or complete Fixed Assets Inventory List and Depreciation schedule.
- ☐ All applicants: Income Statements for last three years and current year if available.
- ☐ All applicants: Adopted Water Rate Structure for last three years and current/future year(s) if available.
- ☐ Privately owned water system only: filed Tax Returns for last three years.
- ☐ Privately owned water system only: copy of bank statements ending December 31 for the last three years.
- ☐ Privately owned water system only: copy of bank statements ending December 31 for the last three years.
- ☐ Privately owned water system only: Copy of Bylaws and Articles of Incorporation.

*Attachment Checklist:	Other Documentation Comments:
<input type="checkbox"/> Approval Letter <input type="checkbox"/> EZ1 <input type="checkbox"/> Financial Information <input type="checkbox"/> Map <input type="checkbox"/> Meeting minutes <input type="checkbox"/> Water rate structure <input type="checkbox"/> Other	

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Activate Account

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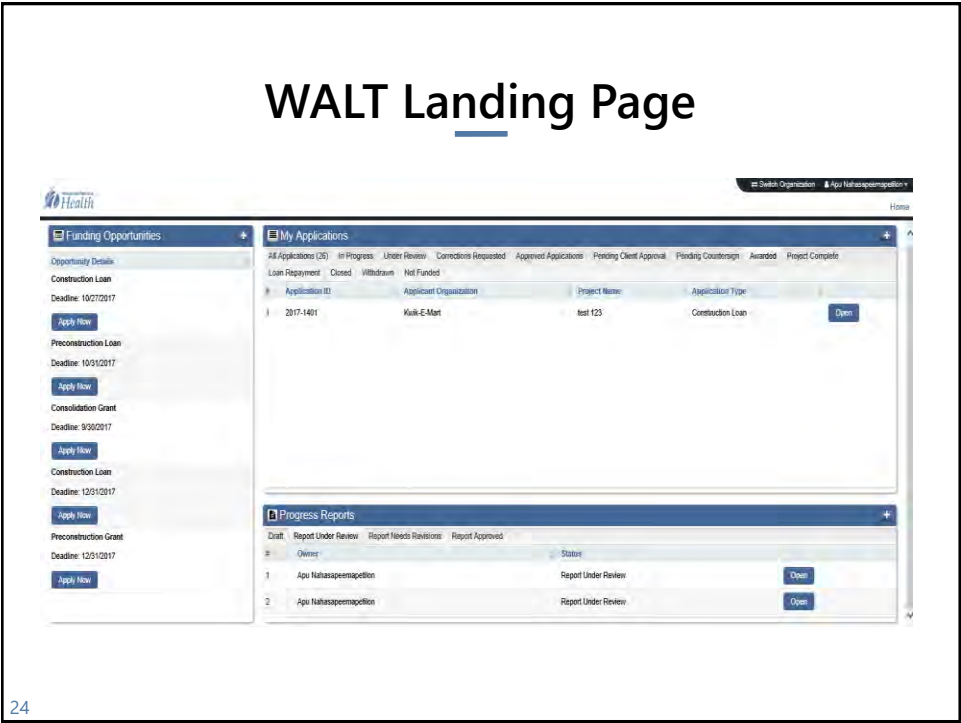
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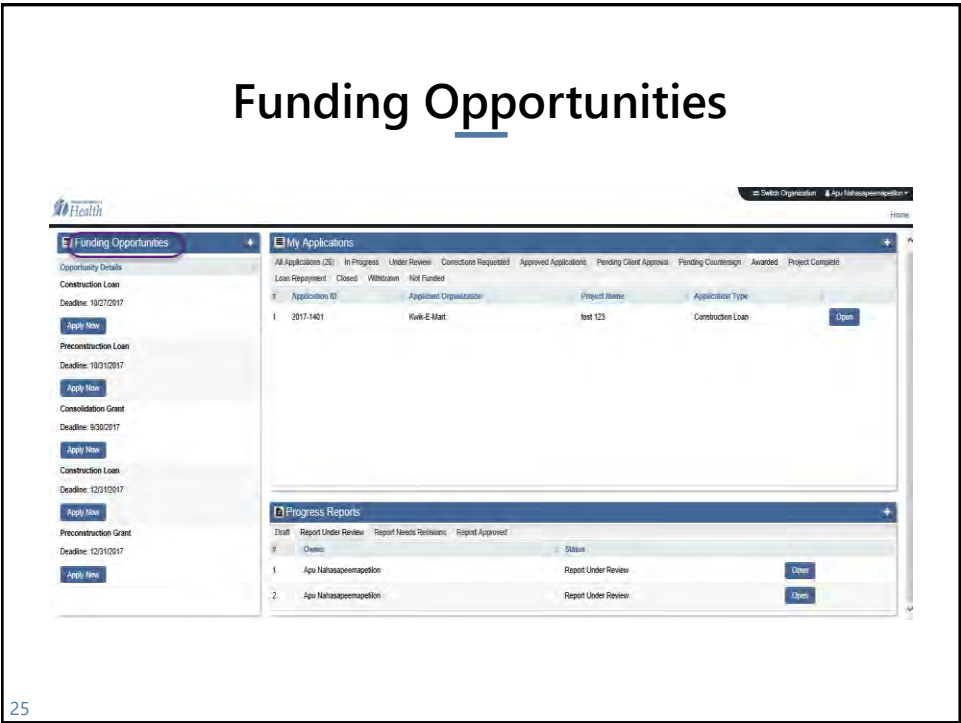
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WALT Landing Page



Funding Opportunities

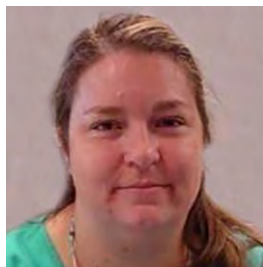


How to contact me

- If you have questions, please ask me!
- Email is the best way to get in contact with me
sara.herrera@doh.wa.gov
- I can also be reached by phone at (360) 236-3089

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For More Information



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WALT Upgrade November 8th, Questions?



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