

**West Virginia Infrastructure and Jobs Development Council  
PRELIMINARY APPLICATION**

**I. ADMINISTRATIVE AND IDENTIFYING INFORMATION AND DATA:**

**A. GENERAL PROJECT INFORMATION**

1. Project Sponsor: \_\_\_\_\_
2. Application Prepared By: \_\_\_\_\_
3. Project Type:    Water            Wastewater    Stormwater  
                            New System    Extension    Upgrade
4. Project Location - City: \_\_\_\_\_ County: \_\_\_\_\_
5. Total customers served (existing):  New customers to be served by project:
6. Project Description:  
\_\_\_\_\_
7. Is the Sponsor requesting emergency status as defined by § 31-15A-2?    Yes    No  
     If Yes, explain: (supporting documentation must be attached)  
     \_\_\_\_\_
8. List utilities adjacent to the proposed project area (include approximate distance to nearest connection):  
     \_\_\_\_\_
9. Have the listed utilities been notified w/regard to this application?    Yes    No

**B. PROJECT FUNDING SCENARIOS**

	Preferred Funding Package			Loan Package (5%, 40 yrs.)		
	Source	Amount (\$)	Terms	Source	Amount (\$)	Terms
1	XYZ Funder	\$50,000,000.00	20%, 2 yrs	Loan Source		5%, 40 yrs.
2						
3						
4						
5						
6						
<b>Total</b>						
	Resulting Rate / 4000 gal			Resulting Rate / 4000 gal		

Attach cash flows to substantiate the rates shown above. (If not, application will be returned.)

**CHECK ONE:**

- New Application       Revised Application

Council Project Number: \_\_\_\_\_

If revised, explain:  
\_\_\_\_\_

(Add extra sheets if necessary.)

**Council Use Only**

1. Project Name/Number: \_\_\_\_\_

2. Location: \_\_\_\_\_

3. Date Received: \_\_\_/\_\_\_/\_\_\_

**II. APPLICATION CHECKLIST AND DATA:**

1. Engineering Report in accordance with IJDC Guidelines / Instructions (If not, application will be returned.)
2. Documentation of Compliance with WV Code §5G-1-1 Enclosed (If not, application will be returned.)
3. Draft Rule 42  (If not, application will be returned starting 6/1/08.) Test Year \_\_\_\_\_
4. Status of Engineering Agreement:  Executed  In Negotiation  
 PSC Approval of Agreement  Yes  No  N/A Case No. \_\_\_\_\_
5. Status of Plans / Specs:  Complete  50% Complete  25% Complete  Not Started
6. Median Household Income \$\_\_\_\_\_  County  Municipal  
 Source \_\_\_\_\_
7. Most recent audit

**III. BUDGET AND FINANCIAL INFORMATION**

**A. PROJECT COST SUMMARY**

Budget Line Item	Cost
1. Construction Cost: Subtotal	\$_____
2. Engineering Cost:	
Planning	\$_____
Design	\$_____
Construction	\$_____
Subtotal	\$_____
3. Legal Cost:	
Project Attorney	\$_____
Right-of-Ways (Legal)	\$_____
PSC Attorney	\$_____
Subtotal	\$_____
4. Administrative Cost:	
Project Coordinator	\$_____
CPA	\$_____
Other Administrative Costs	\$_____
Subtotal	\$_____
5. Financing Costs:	
Interim Financing	\$_____
Capitalized Interest	\$_____
Bond Counsel	\$_____
Subtotal	\$_____
6. Site, Easements and ROW Cost:	
Land Acquisition Costs	\$_____
Easement Costs	\$_____
Subtotal	\$_____
7. Project Contingency: Subtotal	\$_____
8. TOTAL PROJECT COST	\$_____

**III. BUDGET AND FINANCIAL INFORMATION (Continued)**

<b>B. PROJECT FINANCING SUMMARY</b>				Source (If Committed)
Federal Grants	<input type="checkbox"/> Committed	<input type="checkbox"/> Uncommitted	\$ _____	_____
	<input type="checkbox"/> Committed	<input type="checkbox"/> Uncommitted	\$ _____	_____
State Grants	<input type="checkbox"/> Committed	<input type="checkbox"/> Uncommitted	\$ _____	_____
	<input type="checkbox"/> Committed	<input type="checkbox"/> Uncommitted	\$ _____	_____
Federal Loans @ _____ % for _____ years	<input type="checkbox"/> Committed	<input type="checkbox"/> Uncommitted	\$ _____	_____
	<input type="checkbox"/> Committed	<input type="checkbox"/> Uncommitted	\$ _____	_____
State Loans @ _____ % for _____ years	<input type="checkbox"/> Committed	<input type="checkbox"/> Uncommitted	\$ _____	_____
	<input type="checkbox"/> Committed	<input type="checkbox"/> Uncommitted	\$ _____	_____
Other Funding	<input type="checkbox"/> Committed	<input type="checkbox"/> Uncommitted	\$ _____	_____
	<input type="checkbox"/> Committed	<input type="checkbox"/> Uncommitted	\$ _____	_____
TOTAL PROJECT			\$ _____	_____

Cost Estimates Prepared By: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

<b>C. GENERAL FINANCIAL AND MANAGEMENT INFORMATION SUMMARY</b>				
1. Sponsor's most recent fiscal year's Public Service Commission (PSC) annual report, as applicable - date - ___ / ___ / ___ Is a copy attached, or is the annual report available on PSC website? (If No, application will be returned) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
2. Have Sponsor's financial audits been completed for the last three fiscal years? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
3. Has Sponsor completed and filed its most recent Performance Measures as required by PSC? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
4. Does Sponsor have a formal Asset Management Plan in place? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
5. Has the Applicant implemented an Environmental Management System? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (*N/A is only applicable to new utilities)				
6. List holder of outstanding bonds or other long term debt and the status (current, delinquent or defaulted):				
Lender	Terms	Balance	Date of Maturity	Current Status
1)			/ /	
2)			/ /	
3)			/ /	
4)			/ /	
7. Are debt service reserve accounts funded at the required level? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
8. Debt service coverage FY ____, ____%				
9. Has the sponsor ever been delinquent on any long term debt issued? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, list lender, dates of delinquency and current status of listed delinquencies:				
Lender	Date of Delinquency		Current Status	
1)	/ /			
2)	/ /			

**III. BUDGET AND FINANCIAL INFORMATION (Continued)**

**C. GENERAL FINANCIAL AND MANAGEMENT INFORMATION SUMMARY (Continued)**

10. Status Report - Provide the following data:

Item	Current Amount	Proposed Project Amount	Total
Estimated Operating Revenues – Annual			
Interest Income & Other Miscellaneous Revenues (unmetered & metered sales)			
Other Revenues			
<b>TOTAL</b>			
Operation and Maintenance Budget – Annual* + Administrative Fee			
Debt Service – Annual (P&I only excluding administrative fees)			
Purchased Water Cost – Annual			
Taxes other than income			
Average monthly rate cost per customer (per 4000 gallons/month)			
Are the rates reflective of the listed annual report? <input type="checkbox"/> Yes <input type="checkbox"/> No			

\*Itemized Costs for Labor, Power, Chemicals, Maintenance, Administration, etc., must be itemized in the PER.

11. Date of Last Rate Increase? – ( / / ): PSC Case No.: \_\_\_\_\_ or Ordinance Effective Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Percentage Increase: \_\_\_\_\_%

12. Median Household Income \$ \_\_\_\_\_ How was this figure obtained?  
 \_\_\_\_\_

**IV. JOB CREATION**

**A. ECONOMIC CONSIDERATIONS**

1. Describe the area's economic conditions and needs for the project:  
 \_\_\_\_\_

2. Describe the economic impact of the project:  
 \_\_\_\_\_

**B. JOB CREATION**

1. Describe the nature and number of permanent full time and part time jobs created or retained by the project:  
 \_\_\_\_\_

2. Number of jobs created by project during construction: \_\_\_\_\_

**C. BUSINESS COMMITMENTS**

1. Provide a list of businesses that are committed to the project and dollar amount of commitment:

Name of Business	Commitment Amount	Jobs Retained	Jobs Created
1)	\$		
2)	\$		
3)	\$		
4)	\$		
5)	\$		

2. Describe nature of business:  
 \_\_\_\_\_

**V. GENERAL ISSUES:**

<b>A. NON DOMESTIC WASTEWATER DISCHARGE INFORMATION</b>			
Itemize and describe each specific non domestic discharge:			
Discharge	Flow (MGD)		Pollutants Expected To Be Present
	Average	Maximum	

Describe:  
\_\_\_\_\_

Is the discharge direct or indirect?    Direct     Indirect

    If this is an indirect discharge, name the publicly owned treatment works providing treatment:  
    \_\_\_\_\_

    Has the wastewater treatment plant agreed to treat the non domestic wastewater?    Yes     No

Do Clean Water Act Section 307 effluent guidelines or pretreatment standards apply?    Yes     No

    If Yes, specify effluent guidelines that apply: \_\_\_\_\_

    Calculate guideline based effluent limitations: \_\_\_\_\_

<b>B. ENVIRONMENTAL HEALTH SERVICES</b>
Has the Office of Environmental Health Services (OEHS) completed a capacity development analysis of the Sponsor's operation / system within the last five years?    Yes <input type="checkbox"/> No <input type="checkbox"/>

**VI. TRAINING INFORMATION**

If the project sponsor is a Public Service District, or the project in any way involves service by a public service district, identify the district board members, along with the date and location of the most recent PSC training seminar attended.

Board Members	Date	Location
	/ /	
	/ /	
	/ /	

**VII. PROJECT TEAM INFORMATION:**

1. Sponsor:  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
Telephone: (    ) - \_\_\_\_\_  
Fax: (    ) - \_\_\_\_\_  
E-mail: \_\_\_\_\_
2. Consulting Engineer:  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
Telephone (    ) - \_\_\_\_\_  
Fax: (    ) - \_\_\_\_\_  
E-mail: \_\_\_\_\_
3. Administrator:  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
Telephone (    ) - \_\_\_\_\_  
Fax: (    ) - \_\_\_\_\_  
E-mail: \_\_\_\_\_
4. Bond Counsel:  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
Telephone (    ) - \_\_\_\_\_  
Fax: (    ) - \_\_\_\_\_  
E-mail: \_\_\_\_\_
5. Local Counsel:  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
Telephone (    ) - \_\_\_\_\_  
Fax: (    ) - \_\_\_\_\_  
E-mail: \_\_\_\_\_
6. Certified Public Accountant:  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
Telephone (    ) - \_\_\_\_\_  
Fax: (    ) - \_\_\_\_\_  
E-mail: \_\_\_\_\_
7. PSC Counsel:  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
Telephone (    ) - \_\_\_\_\_  
Fax: (    ) - \_\_\_\_\_  
E-mail: \_\_\_\_\_

**VIII. CERTIFICATION**

I certify, under penalty of law, that this document and all the attachments submitted are, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

\_\_\_\_\_  
Name and Official Title (type or print)

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date

Acknowledged before the Subscriber by \_\_\_\_\_  
(SPONSOR)

This Day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
(NOTARY PUBLIC)

My Commission Expires \_\_\_\_\_ 20\_\_

**SEAL**

## Attachment 2

### ACKNOWLEDGMENT OF UNIFORM BIDDING PROCEDURES FOR PROJECTS RECOMMENDED BY THE WV INFRASTRUCTURE AND JOBS DEVELOPMENT COUNCIL

The following bidding procedures, effective June 5, 2003, must be followed on all public water and wastewater projects reviewed by the West Virginia Infrastructure and Jobs Development Council, regardless of the specific funding sources recommended:

1. The date, time and place that the bids will be received shall be included in the Advertisement for Bid.
2. The bids shall be read aloud at the time and place specified in the advertisement.
3. The Pre-Bid Meeting, when deemed necessary, is to be held at least 10 calendar days before the bid date.
4. The last addendum issued shall be received by contractors no fewer than five calendar days prior to the bid date.
5. Bid date will be extended if items 3 and 4 cannot be met.
6. Bid date will not follow a weekend or holiday unless absolutely necessary
7. Bid openings should be in the afternoon, when possible.
8. Equipment should be pre-qualified by the Engineer, where feasible.
9. The following items must be submitted with the bid:
  - a. EEO Certification: Only one is required for all agencies.
  - b. Acknowledgment of Receipt of Addenda.
  - c. Bid Bond.
  - d. Signed Bid.
  - e. Federal Requirements when they are involved.
10. Bidding Documents must include a Bid Form and a Measurement and Payment section. Each bid item must be adequately described including how it is to be paid and what is to be included.

**We hereby certify that the above procedures will be followed to the best of our ability.**

Utility: \_\_\_\_\_ Date: \_\_\_\_\_

Utility's Agent/Engineer: \_\_\_\_\_ Date: \_\_\_\_\_