

# MISSOURI WATER AND WASTEWATER PROJECT PROPOSAL

Please note: Proposal Form must be completed in full to be considered by committee.

## 1. Identification Information (City, County, Water District, Sewer District): (List others, if joint application.)

- a) Name: \_\_\_\_\_
- b) Mailing Address: \_\_\_\_\_
- c) City, State, & Zip: \_\_\_\_\_ County: \_\_\_\_\_
- d) Chief Official: \_\_\_\_\_ Title: \_\_\_\_\_
- e) Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_
- f) Telephone Number: \_\_\_\_\_ Fed. Tax ID #: \_\_\_\_\_

## 2. Proposal Preparer (if different than contact person stated above):

- a) Name: \_\_\_\_\_ Title: \_\_\_\_\_
- b) Name of Agency: \_\_\_\_\_
- c) Mailing Address: \_\_\_\_\_
- d) City, State, & Zip: \_\_\_\_\_
- e) Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 3. Other Information (for reporting purposes):

- a) Population of project service area or district/jurisdiction (use 2010 census if available): \_\_\_\_\_
- b) Median Household Income; if district, use county income):  
2000: \_\_\_\_\_ 2006-2010 ACS: \_\_\_\_\_
- c) State Representative District No.: \_\_\_\_\_ d) State Senator District No: \_\_\_\_\_

## 4. Funding Programs Considered (Please check all that apply and fill in dollar amounts):

- |   |  |
|---|--|
| <input type="checkbox"/> DNR – Clean Water SRF: \$ _____                            | <input type="checkbox"/> USDA – Rural Dev. Loan: \$ _____  |
| <input type="checkbox"/> DNR – Drinking Water SRF: \$ _____                         | <input type="checkbox"/> USDA – Rural Dev. Grant: \$ _____ |
| <input type="checkbox"/> DNR – Rural Water Grant: \$ <u>Not Currently Available</u> | <input type="checkbox"/> DED – CDBG Grant: \$ _____        |
| <input type="checkbox"/> DNR – Rural Sewer Grant: \$ _____                          | <input type="checkbox"/> Other: (please explain) \$ _____  |
| <input type="checkbox"/> DNR – 40% Grant: \$ <u>Not Currently Available</u>         |  |

## 5. Bond Issues

- a) Has a bond issue for this project been passed?  Yes  No If yes, what is the amount? \$ \_\_\_\_\_
- b) What type of bond issue was passed?  Revenue bond  General Obligation bond
- c) Please submit copy of ballot language with this proposal form, if bond has been passed.
- d) Is there an intention to pass a bond?  Yes  No If so, when will it be on the ballot? \_\_\_\_\_  
In what amount? \$ \_\_\_\_\_
- e) Has a lending agency been consulted?  Yes  No f) Are there existing bonds?  Yes  No
- g) What is the debt service on existing bonds? \_\_\_\_\_

## 6. Briefly describe project need, impact, and proposed actions to address need (attach page, if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**7. Project Type:**

Water                       Wastewater

**Has the anti-degradation process been completed?**  Yes  No  N/A as determined by consultant  
 If yes, please attach appropriate documentation.

**8. User Charge Information (must complete for both systems):**

Do you have separate water and wastewater accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>WATER</b>	<b>WASTEWATER</b>
Is your water system metered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Total annual metered water use:		N/A
Number of residential users (hookups):		
Number of non-residential users (hookups):		
Current monthly residential charge for 5,000 gallons used:		
Proposed monthly residential charge for 5,000 gallons used (assuming no grant funds received):		
Month and year of last rate increase:		
Gross revenues for last fiscal year:		
Gross expenses for last fiscal year:		

**9. Proposed Project Cost Estimate (must correspond with attached preliminary engineering report):**

Activity	Estimated Cost
a. Construction (Date of cost estimate: _____)	
b. Engineering Fees	
c. Construction Inspection (if separate from eng. fees)	
d. Property Acquisition (site, right-of-way, appraisals, etc.)	
e. Legal and Bonding	
f. Other Professional Services	
g. Other (specify): _____	
h. Contingencies (5% of construction cost)	
<b>i. TOTAL PROJECT COST</b>	

**10. Describe evidence that project area or beneficiaries will meet the income requirements of RD or CDBG programs:**

\_\_\_\_\_

\_\_\_\_\_

**11. Certification:**

The undersigned official of the applicant certifies that the information contained herein and the attached documents are true, correct, and complete to the best of my knowledge and belief. The applicant further understands that this project proposal is a preliminary request and is not a substitute for a full application to any agency, nor does it assure funding from any agency.

Name and title of Chief Official: \_\_\_\_\_

Signature of Chief Official: \_\_\_\_\_ Date: \_\_\_\_\_