Water Infrastructure

FINANCING PROGRAMS



State Revolving Loan Programs

FUNDING APPLICATION

IMPORTANT: Please select the Type of Entity and Loan Type(s) before completing the application. This information is used to set up the rest of the form.

This form MUST be completed electronically, handwritten applications will not be accepted.

Select the Type of Entity this application is for:

Municipality, Fire District, or other similar entity

○ Homeowners Association, LLC, Proprietorship, 501(c	3 Non-Profit, or	other	similar e	ntity		
LOAN TYPE						i sa mana katan
This section may be completed by engineer or applicant						
Please submit a draft Engineerin	g Services Agreement (with thi	s applicatio	on if applical	ole	and the second of the second
This loan will be used for (select all that apply):						
☐ Step I Drinking Water Loan (Feasibility & Planning)			tep I Cle	an Water	Loan (Feasibility & Planning)
Step II Drinking Water Loan (Final Design)			tep II Cle	ean Water	Loan	(Final Design)
☐ Step III Drinking Water Loan (Construction)		$\sqcap s$	tep III Cl	ean Wate	r Loan	(Construction)
☐ Drinking Water Loan Amendment			Ilean Wa	ter Loan /	Ameno	dment
☐ Municipal Source Water Protection Loan		P	ollution	Control o	r ARP	A Grant
☐ CWSRF Interim Financing						
_ ,						
APPLICANT INFORMATION		i en e				
This section may be completed by engineer or applicant						
LOAN APPLICANT						DATE OF APPLICATION
Town of Richmond						Nov 16, 2022
SYSTEM NAME			WSID NUM	BER		WASTEWATER PERMIT NUMBER
Town of Richmond			5084			
MAILING ADDRESS	TOWN			STATE	ZIP	**************************************
PO Box 285	Richmond			VT	0547	
PHONE CELL PHONE	TAX ID			SAM UNIQU		
802-434-5170	03-6000646			L D Z	Z A	D 8 E M D U K 3
CONTACT PERSON - AUTHORIZED REPRESENTATIVE						
This section may be completed by engineer or applicant	-					
CONTACT NAME	TITLE					
Josh Arneson	Town Ma	anager				
MAILING ADDRESS	TOWN			STATE	ZIP	
PO Box 285	Richmond			VT	0547	7

PHONE	CELL PHONE		EMAIL ADDRESS				
802-434-5170			jarneson@richmondvt.gc)			
ALTERNATE AUTHORIZED RE	PRESENTATIVE(S)						
This section may be completed by engine	eer or applicant						
AUTHORIZED REPRESENTATIVE NAME			TITLE				
Connie Bona			Finance Director				
MAILING ADDRESS		TOWN		STATE	ZIP		
PO Box 285		Richm	ond	VT	05477		
PHONE	CELL PHONE		EMAIL ADDRESS				
802-336-2094			cbona@richmondvt.gov				
Add Alternate Representative							
ENGINEERING FIRM & REPRES	SENTATIVE (or Legal Fi	rm and	l Attorney's Name if tl	nis is a Sc	ource Protection Loan)		
This section may be completed by engine	eer or applicant						
FIRM NAME			CONTACT NAME				
East Engineering, PLC			Tyler Billingsley				
MAILING ADDRESS		TOWN		STATE	ZIP		
PO Box 1047		Richm	ond	VT	05477		
PHONE	CELL PHONE		EMAIL ADDRESS				
802-989-6686			tyler@eastengineeringplc.com				
LOAN REQUEST	· 中国人民共和国的			Marin M	STATE OF STATE OF STATES		
This section may be completed by engine	eer or applicant						
Project Title: Richmond Water	Distribution System Rep	laceme	nt - South Bridge St., Co	chran Rd	, Tilden Ave.		
Total amount requested for this	s Ioan: \$ 92,000						
Total projected project cost:	\$ 92,000						
Please describe the history of the	he project:						
Green Mountain Engineering (GME), who is no longer in business, completed a comprehensive Preliminary Engineering Report for the water system in 2009/2010. The PER included recommendations to replace aging/undersized water mains on Bridge Street, Cochran Road, and Tilden Ave.							
Please describe who will benefit from the proposed project:							
Water system users/residents of Richmond, Vermont.							
Do current and potential customers have alternative sources of water and is the proposed project the best and most cost-effective alternative?							
The proposed project is the best and most cost effective alternative.							

Please provide a description of the project as it relates to this loan. Include specifications and materials used, water sources, and treatment facilities (attach sheets if necessary):

All design specifications/materials will adhere to the 2016 Town of Richmond Public Improvement Standards & Specifications. Water main designs will be C-900 PVC or C-906 HDPE and 12-inch for Bridge Street with 8-inch for Cochran Road and Tilden Ave. Water sources and treatment facilities will remain as-is. Estimated construction costs (Step III) of approximately \$1,500,000 and utilizing the DWSRF Step II Fee Curve, equates to ~\$92,000.

Please include estimated or actual project cost summary/estimate of probable project costs.

SITE INFORMATION

This section may be completed by engineer or applicant

An attorney's legal opinion may be required regarding the site or sites where the project will be located. The Facilities Engineering Division's Construction Section will make this determination for the project.

Do you own all land or possess all the easements or rights-of-ways for project sites?

Yes ○ No

ESTIMATED PROJECT SCHEDULE

This section should be completed by the engineer

Estimated Project Initiation Date:

Nov 8, 2022

Estimated Project Completion Date:

Jun 1, 2023

ESTIMATED SPENDING SCHEDULE OF LOAN PROCEEDS

This section may be completed by engineer or applicant

Quarter	Year	Amount
October - December	2022	\$30,000
January - March	2023	\$30,000
April - June	2023	\$32,000
Add Another Quarter	TOTAL>	\$92,000

REVENUES

This section should be completed by the applicant

What is the Applicant's fiscal year? | State Fiscal Year

User Rate Revenue Table								
	Current FY - 2	Current FY - 1	Current FY (estimated)	Current FY + 1 (estimated)	Current FY + 2 (estimated)			
Amount Billed	\$175,845	\$179,009	\$178,647	\$187,579	\$196,958			
Amount Collected	\$175,845	\$179,009	\$178,647	\$187,579	\$196,958			
Amount Uncollected/Outstanding	\$0	\$0	\$0	\$0	\$0			

Estimated Amount of Commercial Revenue	\$140,129	\$154,096	\$139,574	\$146,553	\$153,881				
Does the system use tax revenue to	support any utility	related activities,	including capital p	rojects?					
What is the source of the revenue (special assessment,	, general fund, 1%,	impact fees, etc.)?						
Fire Protection which is 48% of the budget	Fire Protection which is 48% of the water tank revolving loan, 48% of the water tank bank loan, and 5% of the overall water budget								
Will taxes or fees need to be adjuste	ed based on the pro	oposed project?			-				
Please describe how taxes or fees n	eed to be adjusted	based on the prop	oosed project.						
The water tank BANK loan will be co amount should stay approximately	•	hich should be wh	en we will start pa	ying on this Revol	ving Loan so the				
	Taxes Sup	pporting System	n Revenue						
	Current FY - 2	Current FY - 1	Current FY	Current FY + 1	Current FY + 2				
Amount Billed	\$49,641	\$50,432	\$51,148	\$53,705	\$56,391				
Amount Collected	\$49,641	\$50,432	\$51,148	\$53,705	\$56,391				
Amount Uncollected/Outstanding	\$0	\$0	\$0	\$0	\$0				
WATER FEE BASIS & RATES (only a		lic community w	ater systems)						
This section may be completed by engineer or		-1-41							
What is your current method to ass Metered/Variable Rate - Rates a		·	•	-					
☐ Unmetered Flat Rate - Custome		-		·	-/-				
☐ Both Metered & Unmetered - T	_		•						
☐ Property Tax Based - Rates are									
	Total Number of Residential Connections: (multi-unit connections count as more than 1, for example, a duplex counts as 2 and a 10 unit apartment Building counts as 10) 421								
Total amount of water used last yea	Total amount of water used last year by commercial, industrial, and institutional connections (gal or cuft): 7,330,100								
Calculate Equivalent Residential Un	Calculate Equivalent Residential Units (ERUs) by dividing the number above by 76,650 gal or 10,240 cuft.: 76650								
	T	Total Equivalent Re	sidential Connection	ons (ERUs)>	517				
		·							
EXPENDITURES / SYSTEM OPERAT	TION & MAINTEN	ANCE EXPENSES							
This section should be completed by the applic	ant								
Current Fiscal Year O&M Costs (exclusive of debt and reserve fund payments): \$56,800									

Please attach a copy of your actual YTD revenue and expenses, and projected budget.

Post Project Fiscal Year O&M Costs (exclusive of debt and reserve fund payments):

\$56,800

EXPENDITURES / SYSTEM DEBT

This section should be completed by the applicant

What is the applicant's total long-term outstanding debt?

\$2,917,109

What is the applicant's total annual long-term debt payment?

\$126,010

			Direct Debt			
	Current FY	Current FY + 1	Current FY + 2	Current FY + 3	Current FY + 4	Current FY + 5
Total Payment	\$109,467	\$110,980	\$109,953	\$108,888	\$107,790	\$106,667

Long-Term Debt Schedule							
Purpose of Long-Term Debt	Direct or Self-Supporting	Year of Maturity	\$ Amount Outstanding				
Jericho Road water line		2032	\$533,400				
RF3-335 East Main		2047	\$628,499				
RF3-302 Water Resevoir		2048	\$980,326				
RF3-365 Bridge Street		2060	\$374,884				
RF3-444 Bridge Street		2063	\$400,000				
Add Another Long-Term Debt	Total As of>	Jul 1, 2022	\$2,917,109				

Does the Applicant have any future borrowing plans over the next 5 years?

Please describe the system's future borrowing plans.

This project will proceed with a bond vote in March of 2023 to borrow funds to complete the project.

Are there other capital projects in the near term (5 years)?

Does the Applicant have an annual or cumulative deficit?

Please describe your plan to increase user's fees/charges to pay for this debt service:

Bond vote in 2023, then increased quarterly fees.

Does the Applicant anticipate an increase in revenues as a result of these improvements?

Does the Applicant anticipate a reduction in operating expenses as a result of these improvements?

What are the economic trends in your service area - jobs, population increases/decreases, housing starts, property values, etc.? For Mobile Home Parks, please provide an occupancy history for the past five (5) years.

Population and property values have been increasing.								
ropulation and property values have been increasing.								
List any current or potential connections using greater than 5% of demand or provide a general description of service area.								
SYSTEM RESERVE FUNDS								
This section should be completed by the applicant								
Does the Applicant have any reserve funds?								
Please describe the reserve fund and what it is used for:								
Short Term Capital Reserves: Repairs								
Capital Reserves: Long Term Capital projects Distribution System Capital: Long Term Capital projects								
Is the Applicant actively contributing to reserve funds in accordance with a short-term Asset Replacement Table (START)?								
Yes • No								
What does the Applicant do with surpluses, if any?								
Used to offset the budget the next year								
See to sheet the badget the next year								
Reserve Funds								
Current FY Current FY + 1 Current FY + 2 Current FY + 3 Current FY + 4								
Amount Available \$291,365 \$362,365 \$433,365 \$504,365 \$575,36								
Financial Documentation & Controls This section should be completed by the applicant								
Has anything occurred since the date of your last annual financial report or financial statement that would have a significantly								
negative effect on your revenues, expenditures, or ability to pay future debt service?								
○ Yes								
Did the Applicant have more than one budget defeat in the last two years?								
○ Yes • No								
Does the Applicant have any pending litigation in excess of \$10,000 on the system and/or the municipality?								
○ Yes • No								
Does the Applicant offer a retirement plan to its employees (including VMERS)?								
Please describe your plan, your estimated proportionate share of unfunded pension liability:								
VMERS B								

If the Applicant I	nas its (own r	etiren	nent pi	an sep	arate fro	m VIVIERS, does	s it have any unfunded pension liabilities?
	. 1.		1 .	1		D 11	A 1' .	
monthly) financi							e Applicant us	e multi-year forecasting or interim (quarterly or
We review the fi	nancia	ıl s qu	arterly	y.				
Are all account r	ecords	curre	ently r	naintai	ned fo	r:		
Checkbook	Y	les () No	O D	on't Kr	now	By Whom:	Connie Bona Finance Director
Comments:								
Reconciled mon	thly							
Receipts	● \	/es (ON C	() D	on't Kr	now	By Whom:	Connie Bona Finance Director
Comments:								
Reconciled mon	thly				***************************************			
Disbursements	• \	 /es (ON C	O D	on't Kı	now	By Whom:	Connie Bona Finance Director
Comments:	-			-			•	
Approved by Wa	ater Cc	mmis	ssion,	checks	cut by	/ Finance	Director, Chec	ks reviewed and signed by Town Treasurer.
Deposit Slips	• Y	 /es () No	O D	on't Kı	now	By Whom:	Connie Bona Finance Director
Comments:	-			_			•	
Clerks office rec	eives p	ayme	ents, F	inance	Direct	or posts 1	the payments,	Town Clerk deposits with bank.
Are bank statem	ents re	econc	iled o	n a reg	ular ba	asis?		
Yes ○ No				_			Bona Finance [Director
Comments:								
Three step proce								
Initial review by	Financ	e Dire	ector,	second	lary rev	view by t	he Delinquent	Tax Collector, third review by the Town Manager
Are bank accoun	nts and	ledg	er bala	ances r	econci	iled on a	monthly basis?	
Yes ○ No		_					Bona Finance [
Comments:	_			-		L	A	
Are financial reco	ords m	ainta	ined ir		oputer ⁽	ized syste		
Yes ○ No					=		Bona Finance [)irector

Comments:

Are any financial records maintain		
● Yes ○ No ○ Don't Know	By Whom:	Connie Bona Finance Director, Linda Parent Town Clerk
Comments:		
The Finance Director keeps hard c	opies of the N	NEMRC reports, the Town Clerk keeps checks and bank deposit slips.
Does the applicant maintain separ	ate reporting	for this utility?
● Yes ○ No ○ Don't Know	By Whom:	Connie Bona Finance Director
Comments:		
The Water Department has a chec	king account	separate from all other Town bank accounts.
Does someone other than the trea	surer receive	unopened bank statements and review bank reconciliations?
● Yes ○ No ○ Don't Know	By Whom:	Connie Bona Finance Director
Comments:		
Does the same individual open the	mail and da	nosit checke?
Yes		Town Clerk
Comments:	by whom:	TOWN CIETA
	ents, Finance	Director posts payments, Town Clerk makes the deposit
Sister Species man with paying	s.ro, i mance	= zezo. posto paymento, romi elencimanes the deposit
D		2
Does the organization receive pay		
● Yes ○ No ○ Don't Know	By Whom:	Town Clerk
Comments:		
L		
Does the Applicant have pre-numb	oered receipt	books for cash payments?
● Yes ○ No ○ Don't Know	By Whom:	Town Clerk
Comments:		
Are checks always written to specif	fied payees ar	nd not to cash?
Are checks always written to specif ● Yes ○ No ○ Don't Know	fied payees ar	nd not to cash?

Are pre-numbered checks used for all bank accounts?
Yes No Don't Know By Whom:
Comments:
Are checks written by the same individual who approves payments?
○ Yes ● No ○ Don't Know By Whom:
Comments:
The Water Superintendent approves invoices, the Finance Director prepares the warrant, the Water Commission approves the warrant, the Finance Director cuts the checks, the Town Treasurer signs the checks.
Have there been any changes in authorized signatures during the fiscal year?
Yes No Don't Know By Whom: Town Treasurer
Comments:
There was a new elected Treasurer in March so the signature card was amended with the bank.
Has a signature stamp ever been used for any account?
○ Yes ● No ○ Don't Know By Whom:
Comments:
Is the organization professionally audited by a CPA?
Yes No Don't Know By Whom: RHR
Comments:
Does the Authorized Representative assist in the audit planning process?
Yes No Don't Know By Whom: Connie Bona Finance Director
Comments:
Prepares all the materials requested by the Auditors
Is a specific individual responsible for correcting audit findings?
○ Yes ● No ○ Don't Know By Whom:
Comments:
It depends on the finding and what it is related to.

Are regular financial reports prepa	red for the b	oard?
● Yes ○ No ○ Don't Know	By Whom:	Connie Bona Finance Director
Comments:		
Quarterly reports are presented		
Are budget to actual reports prep	ared for each	department?
		Connie Bona Finance Director
Comments:	,	
Line the Authorized Devices that		and the second has a still to 2
Has the Authorized Representative	e borrowed n By Whom:	noney from the utility?
○ Yes No On't Know Comments:	by whom:	L.
Comments:	····	
Has the organization had a theft, e	embezzlemen	t or wire fraud in the last 5 years?
○ Yes • No ○ Don't Know	By Whom:	
Comments:		
Has the Treasurer or CFO participa	ted in any bu	siness which does business with the system/utility?
○ Yes • No ○ Don't Know	By Whom:	
Comments:	·	
Describe A distribution		
Does the Applicant loan money to	, ,	
	By Whom:	
Comments:		
Have board members attended fir	ancial trainin	gs?
● Yes ○ No ○ Don't Know	By Whom:	
Comments:		
In the past year we have had a brid	ef training fro	m Sullivan & Powers (past auditor) and a lengthly training from NEMRC.

Has the Treasurer/CFO attended trainings on recordkeeping?

○ Yes No ○ Don't Know By Whom: Comments:			
Does the Applicant have written financial policies	and procedures?		
Comments:			
Does each employee have copies of these policies	s and procedures?		
○ Yes No ○ Don't Know By Whom:			
Comments:			
They are available for employees and the public t	o view.		
KEY PERSONNEL			
similar programmatic work, years at current positi	owing key personnel including areas of expertise, years of experience in ion, and/or any relevant qualifications. Provided Rep, Alternative Authorized Rep(s), Clerk, Board Members, Financial Manager, etc.		
Failure to include all key j	personnel will result in the application considered incomplete.		
NAME	POSITION (select from the list or enter another value)		
Josh Arneson	Town Manager/Administrator		
QUALIFICATIONS:			
Has served four years as Town Manager.			
NAME	POSITION (select from the list or enter another value)		
David Sander	Governing Body Chair		
QUALIFICATIONS:			
NAME	POSITION (select from the list or enter another value)		
Connie Bona	Financial Manager		
QUALIFICATIONS:			
Accounting degree & 40 years experience			
NAME	POSITION (select from the list or enter another value)		
Linda Parent	Clerk		
QUALIFICATIONS:			
Add Another Key Person			

ADDITIONAL COMMENTS	
Provide any additional comme	nts for your application here:
1	

Certification		
Authorization Date:		
REPRESENTATIVE SIGNATURE		PRINT NAME
Authorized Representative Certific	cation	
Authorized Representative Signature	Date:	
SIGNATURE OF AUTHORIZED REPRESENTATIVE		PRINT NAME
Submit completed application and a	ıll attachments via email to	:
TORRE PHANTS OF THE PHANTS OF	Amy Galford, DWSRF Proj [phone] 802-585-4904 [emai Department of Environment Water Investment Division	amy.galford@vermont.gov