

# 2020 Wastewater and Drinking Water Treatment Financial Assistance Program (WTFAP) Application

The Wastewater and Drinking Water Treatment Financial Assistance Program (WTFAP) was created to provide grants for water, wastewater and stormwater infrastructure projects and funded with a portion of the taxes paid on metered water. Priorities for the funds are:

- Disadvantaged Community seeking financial assistance for the installation or upgrade of wastewater or drinking water treatment facilities
  - The definition of a disadvantaged community is the same used by DNR for SRF projects. For drinking water projects, the definition is the same as that used by CDBG (51% of the population served have income that are considered low to moderate). For wastewater projects, it is the criteria found in 455B.199B
- Projects whose completion will provide significant improvement to water quality in the watershed
- Community employing alternative wastewater treatment technology pursuant to Iowa Code 455B.199C
- Community where sewer or water rates are more than 2% of the community's median household income
  - MHI information can be found at:  
<https://www.iowadatabase.org/data/acs/econ/hhincome/median-income>
  - Click City (Iowa only) then pick your city under Geographic Name
- Community employing technology to address the goals of the Iowa Nutrient Reduction Strategy
- Community whose drinking water supply is a source water on the impaired waters list
- Community whose project will improve waters on the impaired waters list

Grants are awarded annually. For 2020, there is approximately \$2 million to award. Awards are determined by a committee consisting of representatives from the Iowa Finance Authority (IFA), the Department of Natural Resources (DNR) and the Iowa Department of Agriculture and Land Stewardship (IDALS).

Because grants are awarded annually and there are limited funds, for projects that are not anticipating starting construction before October 2021 – please wait and apply next year.

For projects that are in the planning and design phase, consider applying for planning assistance through:

- USDA Planning Grants – contact your local USDA office
- SRF Planning and Design Loans – contact [WaterQuality@IowaFinance.com](mailto:WaterQuality@IowaFinance.com)

**Applications are due September 25, 2020. Awards will be announced in December.**

**Contact Lori Beary at 515.452.0470 or [lori.beary@iowafinance.com](mailto:lori.beary@iowafinance.com) with any questions.**

# 2020 Wastewater and Drinking Water Treatment Financial Assistance Program (WTFAP) Application

**Applicant:** \_\_\_\_\_

Contact person/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## All projects complete the following information:

What is the status of your project?	Yes	No	N/A	Date Done	Date Expected
Engineer hired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PER or plan developed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Construction Permit issued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Construction bids awarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Construction started	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### Project Cost Breakdown

Administrative, Financial & Legal expenses	\$
Land and easements	\$
Planning & Design expenses	\$
Engineering construction fees	\$
Construction	\$
Equipment	\$
Miscellaneous	\$
Contingency	\$
Other- Specify	\$
<b>Total Project Cost</b>	<b>\$</b>

### Anticipated Sources of Funds

CDBG (awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No) Date of application:	\$
USDA – grant (awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No)	\$
USDA – loan (awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No)	\$
SRF Loan	\$
Local funds	\$
WTFAP (amount requested from this program)	\$
Other- Specify	\$
<b>Total Source of Funds</b>	<b>\$</b>

## 2020 Wastewater and Drinking Water Treatment Financial Assistance Program (WTFAP) Application

Please write a brief description of the project:

**Current System Utilization:**       Wastewater or  Drinking Water

**Population served by system:** \_\_\_\_\_

	Number of Connections	Annual Revenue	Percentage of System Usage
Residential		\$	
Commercial		\$	
Industrial		\$	
Other		\$	
Unmetered		\$	
<b>Total Revenue</b>		\$	

**EXPENDITURES for FY 2020:**

Operation and Maintenance	\$
Repairs	\$
Capital Improvement Fund	\$
Other- <i>Explain</i>	\$
<b>Total Expenditures</b>	\$

Fund Balance: \$ \_\_\_\_\_ Amount Restricted: \$ \_\_\_\_\_ Amount Unrestricted: \$ \_\_\_\_\_

<b>Existing System Debt:</b>	Current Balance	Interest Rate	Year Issued	Maturity Date	Annual Payment (Principal + Interest)
Revenue Bonds	\$				\$
	\$				\$
	\$				\$
	\$				\$
Other Debt Payable from System Revenues	\$				\$
<b>Total Annual Payments</b>	\$				\$

- Have ordinances related to increasing rates been adopted for financing this project?       Yes     No
- Will you need to increase rates to pay for this project?       Yes     No
- **Include one copy of user charge ordinance**
- If you applied for CDBG, include LMI documentation
- If you applied for disadvantaged criteria from DNR, please submit the determination letter

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**PROFESSIONAL CONSULTANTS**

**Project Engineer:**

Name of Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Please include information on other consultants working on the project

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Role: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Role: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Role: \_\_\_\_\_

# 2020 Wastewater and Drinking Water Treatment Financial Assistance Program (WTFAP) Application

If you are applying under the following priority areas:

- **Projects whose completion will provide significant improvement to water quality in the watershed**
- **Community whose drinking water supply is a source water on the impaired waters list**
- **Community whose project will improve waters on the impaired waters list**

Submit the following information:

Describe the watershed or waters the project will improve:

Describe the current impairments in the watershed or source water, if applicable:

Describe how the project will abate a water pollution problem or improve water quality:

Discuss project location, land ownership and plans for acquiring properties or easements.

## 2020 Wastewater and Drinking Water Treatment Financial Assistance Program (WTFAP) Application

If you are applying under the **Community employing alternative wastewater treatment technology pursuant to Iowa Code 455B.199C** priority area, submit the following information:

Please write a brief description of the project:

Explain the alternative wastewater treatment technology being used:

Attach documentation that the alternative wastewater technology has been approved by DNR pursuant to Iowa Code 455B199C

# 2020 Wastewater and Drinking Water Treatment Financial Assistance Program (WTFAP) Application

If you are applying under the **Community employing technology to address the goals of the Iowa Nutrient Reduction Strategy** priority area, submit the following information:

Please write a brief description of the project:

Explain the technology being used and how it reduces nutrients to help address the goals of the Iowa Nutrient Reduction Strategy:

## 2020 Wastewater and Drinking Water Treatment Financial Assistance Program (WTFAP) Application

The undersigned is duly authorized to apply for this grant on behalf of the Applicant. The Applicant declares under penalty of law that all facts given, and information attached are true and correct. The Applicant authorizes IFA to verify all information.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Typed Name \_\_\_\_\_

Title: \_\_\_\_\_

**Signed Applications may be emailed, faxed or mailed.**  
**All applications are due Friday, September 25, 2020**

Applications should be sent to:

Lori Beary  
Chief Bond Programs Director  
Iowa Finance Authority  
1963 Bell Avenue, Suite 200  
Des Moines, IA 50315  
515.452.0470 (direct)  
877.461.0904 (fax)  
[lori.beary@iowafinance.com](mailto:lori.beary@iowafinance.com)



# 2020 Wastewater and Drinking Water Treatment Financial Assistance Program (WTFAP) Application

## MINORITY IMPACT STATEMENT

All applications for a grant from a state agency must include a Minority Impact Statement. This is to require grant applicants to consider the potential impact of the proposed project on minority groups.

**Please choose the statement(s) that pertains to the grant application. Complete all the information requested for the chosen statement(s).**

- The proposed grant projects programs or policies could have a disproportionate or unique **positive** impact on minority persons. Describe the positive impact expected from this project:

Indicate which group is impacted:

- |                                  |  |   |
|----------------------------------|--|---|
| <input type="checkbox"/> Women   | <input type="checkbox"/> Persons with a Disability | <input type="checkbox"/> Asians                   |
| <input type="checkbox"/> Blacks  | <input type="checkbox"/> American Indians          | <input type="checkbox"/> Alaskan Native Americans |
| <input type="checkbox"/> Latinos | <input type="checkbox"/> Pacific Islanders         | <input type="checkbox"/> Other                    |

- The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons. Describe the negative impact expected from this project:

Present the rationale for the existence of the proposed program or policy:

Provide evidence of consultation with representatives of the minority groups impacted:

Indicate which group is impacted:

- |                                  |  |   |
|----------------------------------|--|---|
| <input type="checkbox"/> Women   | <input type="checkbox"/> Persons with a Disability | <input type="checkbox"/> Asians                   |
| <input type="checkbox"/> Blacks  | <input type="checkbox"/> American Indians          | <input type="checkbox"/> Alaskan Native Americans |
| <input type="checkbox"/> Latinos | <input type="checkbox"/> Pacific Islanders         | <input type="checkbox"/> Other                    |

- The proposed grant project programs or policies are **not expected** to have a disproportionate or unique impact on minority persons. Present the rationale for determining no impact:

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

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Typed Name

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Signature