**Section 662.APPENDIX B Loan Application Documents**

**Section 662.EXHIBIT A Loan Application Form**

**Applicant Information**

|  |  |
| --- | --- |
| L17# |  |

|  |  |  |
| --- | --- | --- |
| 1. | Legal Name of Applicant: |  |
| 2. | Applicant Address: |  |
|  |
| Project Description: |  |
|  |
| Federal Employer Identification Number (FEIN)\*: |  |
| \* Submit FEIN Certification (Attached) |
| 3. | Authorized Representative: |  |  |
| Name: |  | Title: |  |
| Phone: |  | Email: |  |
| 4. | Engineer: |  |  |
| Name: |  | Firm: |  |
| Address: |  | Phone: |  |
|  | Email: |  |
| 5. | Attorney: |  |  |
| Name: |  | Firm: |  |
| Address: |  | Phone: |  |
|  | Email: |  |

6. Include detailed construction cost estimate in bid format as part of this application and summarize below:

|  |  |
| --- | --- |
| Construction | $ |
| Legal/Financial | $ |
| Design Engineering | $ |
| Construction Engineering | $ |
| Other  | $ |
| Contingency | $ |
| Total | $ |

|  |  |  |
| --- | --- | --- |
| 7. | Amount requested for loan $ |  |
| 8. | Loan repayment period requested (maximum term is 20 years): |  |
|  | [ ]  | 20 Years |
|  | [ ]  | Other (\_\_\_\_\_number of years) |
| 9. | List any other proposed sources of funding in addition to loan request: |  |
| Source: |  | Amount: |  |
| Date Available: |  |  |
| 10. | Project Schedule (Indicate "complete" or anticipated date of completion as appropriate) |
|  | a) | Approved Project Planning: |  |
|  | b) | Plans and Specifications completed and submitted to Illinois EPA: |  |
|  |  |
|  | c) | Illinois EPA Permit issued: |  |
|  | d) | Approved Operation, Maintenance and Replacement Revenue System and Dedicated  |
|  |  | Source of Revenue: |  |
|  | e) | Advertise for Bids: |  |
|  | f) | Initiation of Construction: |  |
|  | g) | Completion of Construction: |  |

**Loan Program Certifications**

• Whereas, the application provisions for loans from the Public Water Supply Loan Program require that the loan applicant provide the following certifications and assurances:

The loan applicant hereby agrees to pay all project costs not covered by the loan. If the project costs provided by the applicant exceed the lesser of 5% of the total project cost or $100,000, please provide the following information:

|  |  |
| --- | --- |
| Amount to be provided by applicant $ |  |
| Source of funds |  |

• The loan applicant hereby certifies that it has analyzed the costs and the financial impacts of the proposed project and that it has the legal, institutional, managerial and financial capability to insure adequate building, operation, maintenance and replacement of the proposed project.

• The loan applicant hereby certifies that no unlawful or corrupt practice has taken place in the planning or design of the proposed project.

• The loan applicant hereby certifies that it has complied with all applicable State and federal statutory and regulatory requirements in regard to the proposed project.

• The loan applicant hereby certifies that it is not barred from being awarded a contract or subcontract under Section 10.1 of the Illinois Purchasing Act.

**Certification Regarding Debarment, Suspension and Other Responsibility Matters**

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;

b) Have not, within a three year period preceding this proposal, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State or local) transaction or contract under a public transaction; violation of federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, State or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

d) Have not, within a three-year period preceding this application/proposal, had one or more public transactions (federal, State or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC 1001, a false statement may result in fine of up to $10,000 or imprisonment for up to 5 years, or both.

**INTENT REGARDING NATIONAL FLOOD INSURANCE**

Whereas application provisions for loans from the Public Water Supply Loan Program require compliance with the National Flood Insurance Act of 1968, as amended, and

Whereas the costs of securing and maintaining flood insurance are eligible for loan participation during the approved construction period, and

Whereas failure to secure flood insurance for eligible construction located in designated flood hazard areas will cause this construction to become ineligible for loan funds:

|  |  |  |  |
| --- | --- | --- | --- |
| Now therefore, be it resolved that the |  | of |  |
| will cooperate and coordinate with the National Flood Insurance Program to acquire and  |
| maintain any flood insurance made available for Project L17# |  |
| for the entire useful life of the insurable construction pursuant to the National Flood Insurance Act of 1968, as amended, and that it will secure said flood insurance for each insurable structure, as soon as said insurance is available, and will notify the Illinois Environmental Protection Agency in writing that the National Flood Insurance requirement has been satisfied. |

**CERTIFICATION REGARDING PROJECT SITE,**

**RIGHTS-OF-WAY, EASEMENTS, AND PERMITS**

1. The applicant has investigated and ascertained the location of the site or sites, rights-of-way, and easements being provided for the facilities in its application for loan assistance. In my opinion, the applicant has a sufficient legal interest in the site or sites, rights-of-way, and easements to permit the building of such facilities thereon and to permit the operation and maintenance of such facilities thereon during the estimated life of the facility by the applicant after the completion of construction.

2. The loan applicant has complied with the provisions of 49 CFR 24 as required by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as amended (42 USC 4601 et seq.).

3. The loan applicant has obtained all the necessary permits as indicated below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Permit |  | Permit Number |  | Date Issued |
|  |  |  |  |  |
| Army Corps of Eng. 404 |  |  |  |  |
|  |  |  |  |  |
| IL Dept. of Trans. |  |  |  |  |
|  |  |  |  |  |
| County Highway |  |  |  |  |
|  |  |  |  |  |
| Other |  |  |  |  |

**AUTHORIZATION OF A REPRESENTATIVE TO SIGN LOAN DOCUMENTS**

|  |
| --- |
| Whereas, application provisions for loans from the Public Water Supply Loan Program |
| require that the | (name of applicant) | of | (address) |
| authorize a representative to sign the loan application forms and supporting documents;  |
| therefore, be it resolved by the | (name of applicant) | of | (address) |
| that | (name or title) | is hereby authorized to sign all loan application |
| forms and documents. |

|  |  |  |
| --- | --- | --- |
| I, |  | hereby verify that the above information is, to the best of my  |
| knowledge, true and correct. |
| Date: |  | Signed by: |  |
|  |  | (Authorized Representative) |
|  |  | Title: |  |
|  |  | Attested by: |  |

**TAXPAYER IDENTIFICATION NUMBER**

I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am a U.S. person (including a U.S. resident alien).

• *If you are an individual, enter your name and SSN as it appears on your Social Security Card.*

• *If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.*

• *If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the d/b/a on the business name line and enter the owner's SSN or EIN.*

• *If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).*

• *For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.*

|  |  |
| --- | --- |
| Name: |  |
|  |  |
| Business Name: |  |
|  |  |
| Taxpayer Identification Number: |  |
|  |  |
| Social Security Number: |  |
| or |  |
| Employer Identification Number |  |

Legal Status *(check one)*:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Individual | [ ]  | Governmental |
| [ ]  | Sole Proprietor | [ ]  | Nonresident alien |
| [ ]  | Partnership | [ ]  | Estate or trust |
| [ ]  | Legal Services Corporation | [ ]  | Pharmacy (Non-Corp.) |
| [ ]  | Tax-exempt | [ ]  | Pharmacy/Funeral Home/Cemetery (Corp.) |
| [ ]  | Corporation providing or billingmedical and/or health care services | [ ]  | Limited Liability Company (select applicable tax classification) |
| [ ]  | Corporation NOT providing or billingmedical and/or health care services |  | [ ]  | D = disregarded entity |
| [ ]  | C = corporation |
| [ ]  | P = partnership |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

(Source: Added at 34 Ill. Reg. 17661, effective November 8, 2010)