



NORTH AMERICAN DEVELOPMENT BANK COMMUNITY ASSISTANCE PROGRAM APPLICATION FOR FUNDING



TYPE OF PROJECT

1. Type of project:

| DRINKING WATER (DW) | WASTEWATER (WW)/STORMWATER | SOLID WASTE (SW) |
|--|---|---|
| <input type="checkbox"/> First-time access to DW | <input type="checkbox"/> First-time access to WW collection | <input type="checkbox"/> Solid waste landfill |
| <input type="checkbox"/> Drinking water quality | <input type="checkbox"/> First-time access to WW treatment | <input type="checkbox"/> Site closure |
| <input type="checkbox"/> DW infrastructure improvements or rehabilitation | <input type="checkbox"/> WW infrastructure improvements or rehabilitation | <input type="checkbox"/> Transfer station or collection equipment |
| <input type="checkbox"/> Water supply or storage capacity | <input type="checkbox"/> Stormwater infrastructure | <input type="checkbox"/> Waste reduction and/or diversion of organic wastes |
| <input type="checkbox"/> Water conservation | <input type="checkbox"/> Treated wastewater reuse | <input type="checkbox"/> Replace containers |
| Activities Applicable to Drinking Water, Wastewater and Solid Waste | | |
| <input type="checkbox"/> Implement security measures | <input type="checkbox"/> Purchase O&M equipment | <input type="checkbox"/> Energy efficiency |
| <input type="checkbox"/> Other environmental/human health-related project (specify): | | |

APPLICANT INFORMATION

2. Name of organization: _____

Name of contact person: _____

Position: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone No.: _____

E-mail address: _____

PROJECT DESCRIPTION

3. Proposed project name: _____

4. Project location: _____

City

Unincorporated community/area

Other

5. Provide a brief project description: _____

6. Population benefitted: _____

7. Project development status (check all that apply):

No project development

Facility planning/preliminary design complete

Land/right-of-way acquisition complete

Final design complete

Environmental clearance/permits acquired

Procurement documents complete

Procurement complete

Construction initiated

Other (explain below)

Comments: _____

Does the sponsor legally own the land and right of ways required for the project?

Yes

No

Comments: _____

| | | | | | |
|--|--|--------------------------|-----|--------------------------|----|
| Are there any pending legal/regulatory issues for the project to be implemented? | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Please explain: | | | | | |

| | | |
|----|---|--|
| 8. | Project implementation schedule | |
| | Anticipated construction start date: | |
| | Anticipated construction period (months): | |

PROJECT COST AND FUNDING SOURCES

| | | | | | |
|-----|-----------------------------------|--------------------------|------------------|--------------------------|----|
| 9. | Estimated project cost (US\$): | | | | |
| 10. | Other sources of project funding: | <input type="checkbox"/> | Yes (list below) | <input type="checkbox"/> | No |

| Amount | Source | Secured? | |
|--------|--------|------------------------------|-----------------------------|
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | | | |
|--------------------------------|--|--|--|--|--|
| If no, provide an explanation: | | | | | |
|--------------------------------|--|--|--|--|--|

PROJECT DOCUMENTATION (Select N/A, if the information is not applicable, not available or unknown. Include comments to explain.)

| Information/Document | YES | NO | N/A | Comments |
|---|--------------------------|--------------------------|--------------------------|---------------------------|
| 1. Legal authority: | | | | |
| Documentation regarding the applicant's authority to receive funds, implement the project and provide service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| For Drinking Water or Wastewater Projects: | | | | |
| Number of existing connections or hook-ups: | | | | Click here to enter text. |
| Number of new connections or hook-ups to be achieved with project, if applicable: | | | | Click here to enter text. |
| Number of improved connections to be achieved with project, if applicable: | | | | Click here to enter text. |
| 2. Project location: | | | | |
| a. Project map | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| b. Property ownership documentation including project site, rights-of-way, easements, or land use permits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| c. Required permits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 3. Environmental clearance or authorization: | | | | |
| a. Environmental studies (environmental information document; site assessment; applicable surveys, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| b. Federal, state or local environmental findings/permits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 4. Project development: | | | | |
| a. Documentation to demonstrate need | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| b. Preliminary engineering or facility plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| c. Topographic map and/or geotechnical report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| d. Final Design plans/drawings including applicable design criteria and assumptions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| e. Technical specifications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| f. Construction schedule/calendar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| g. Procurement documents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 5. Financial documentation: | | | | |

| | | | | |
|--|--------------------------|--------------------------|--------------------------|---------------------------|
| a. Financial information (current operations budget plus 3 years financial statements) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| b. Project funding (documentation related to required program match of at least 10% of project costs and any additional funding participation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

After submitting your application, you will receive an email to confirm that the application was received by NADBank. If you do not receive the email or experience any technical difficulties with the on-line application, please contact CAPapplication@nadb.org.

I acknowledge that NADBank resources are intended to supplement other available funding sources for completing project development and construction activities. I am aware that financial support and commitment for the project must be provided by the appropriate governing body or authority, and shall include the following assurances:

- Sufficient revenue for operation and maintenance of the project will be allocated by the project sponsor.
- Documentation to demonstrate the availability of required funding sources (debt and grant/other) to complete project financing.

I hereby certify that the information provided is true and correct. I am aware that any false information or omission of information may subject the project to disqualification from further consideration in the NADBank process and eliminate opportunities for funding.

| | | | |
|--|---|--|-------------|
| | | | |
| | (Project sponsor authorized signatory) | | Date |