



NMFA Use Only:	
App. #:	-PP
FA assigned:	
Legislative Authorization	

## PUBLIC PROJECT REVOLVING FUND INFRASTRUCTURE APPLICATION

### I. GENERAL INFORMATION

**A. APPLICANT /ENTITY**

<b>Application Date:</b>	
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<b>Applicant/Entity:</b>					
<b>Address:</b>					
<b>County</b>				<b>Census Tract:</b>	
<b>Federal Employer Identification Number (EIN) as issued by the IRS:</b>					
<b>Legislative District:</b>		<b>Senate:</b>		<b>House:</b>	
<b>Phone:</b>		<b>Fax:</b>		<b>Email Address:</b>	
<b>Individual Completing Application:</b>					
<b>Address:</b>					
<b>Phone:</b>		<b>Fax:</b>		<b>Email Address:</b>	

**B. CONSULTING PROFESSIONALS (Bond/Legal Counsel, Architect, Engineer, etc.), if available:**

<b>Firm:</b>					
<b>Contact:</b>					
<b>Address:</b>					
<b>Phone:</b>		<b>Fax:</b>		<b>Email Address:</b>	

**B. PRIMARY CONTACT PERSON:**

<b>Name:</b>					
<b>Contact:</b>					
<b>Address:</b>					
<b>Phone:</b>		<b>Fax:</b>		<b>Email Address:</b>	

**II. PROJECT SUMMARY**

**A. Project Description.** Complete the following information, using additional paper if necessary. Include any additional documents that may be useful in reviewing this project, i.e. architectural designs, feasibility studies, business plan, etc.

1. Description of the project.

2. Proposed Project Start Date: \_\_\_\_\_ Proposed Project Completion Date: \_\_\_\_\_

When do you need NMFA funds available? \_\_\_\_\_

3. How will the ongoing maintenance, operation, and replacement of this project be funded?

4. Provide a detailed drawdown schedule for project payments. The schedule may reflect monthly or quarterly payments.

**B. Total Project Cost & Sources of Funds Detail.**

Construction Activities	NMFA Funds Requested	Other Public Funds*	Private Funds	Total
Planning and Design	\$	\$	\$	\$
Construction	\$	\$	\$	\$
Equipment	\$	\$	\$	\$
<b>Infrastructure Activities</b>				
Facility Acquisition	\$	\$	\$	\$

Land Acquisition	\$	\$	\$	\$
Utilities (Electric, Gas, Water, etc.)	\$	\$	\$	\$
Engineering and Architectural	\$	\$	\$	\$
Contingencies	\$	\$	\$	\$
Project Administration/Legal Fees	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>Total Cost:</b>	\$	\$	\$	\$

\*Specify any other public funds, and amounts and terms of these funds, i.e. FmHA, CDBG, EPA, etc.

Source	Amount	Terms / # of Years
	\$	
	\$	
	\$	
<b>Total:\$</b>	\$	

Attach a letter verifying that each non-NMFA funding source has been approved, or is in the process of being approved for this project. Explain any exceptions.

C. Will this project require right-of-way acquisition? Yes  No

If yes, specify any right-of-way needs, and whether acquisition may or may not delay beginning of project.

D. Who will hold title to the land where the project is to be located?

If this is land owned by the Bureau of Land Management, State Land Office, or Tribal Land, please attach lease agreements. (If there is no clear title, attach an explanation of ownership arrangements).

E. Does this project require a Joint Powers Agreement (JPA)? Yes  No

If yes, provide a copy of (attach) the JPA, which should include a list of the current membership

### **III. FINANCING**

A. 1. Specify the revenue to be pledged as security for the NMFA loan (a revenue source must be pledged for this type of project).

- Municipal Local Option GRT – please specify: \_\_\_\_\_
- County Option GRT – please specify: \_\_\_\_\_
- Other Tax-Based Revenue: \_\_\_\_\_

- State-Shared GRT
- Law Enforcement Funds
- Fire Protection Funds
- Net System Revenues: \_\_\_\_\_
- Other Revenue: \_\_\_\_\_

2. Is there an alternative revenue source available to pledge to pay debt service in the event that the primary pledged revenue is unavailable or insufficient? Yes  No  If yes, specify:

3. Preferred financing term: \_\_\_\_\_ years.

**B.** Is any debt being repaid from the revenue source(s) referenced in A (1)? Yes  No

**If yes, provide bond or loan documents and payment schedule for any existing debt service being paid from the same revenues that would be used to repay a NMFA loan.**

#### **IV. READINESS TO PROCEED ITEMS**

**A. The following items must accompany this application in order for this application to be considered complete:**

- Equipment cost breakdown (if applicable)
- Three most recently completed fiscal year audit reports
- Current unaudited financials
- Current fiscal year budget
- Verification of ownership of land where project will be located
- Documentation that each non-NMFA project funding source has been approved, or is in the process of being approved (if applicable)
- Joint Powers Agreement (if applicable)

**B. In addition, complete the following information, using additional paper as necessary. These items will be required prior to disbursement of NMFA proceeds:**

- Provide a detailed drawdown schedule for project payments
- Final technical information for the project, stamped and approved by a registered engineer
- Cost breakdown of the project, certifiable by either an engineer or architect
- Area map, site map, and floor map (if applicable)
- Verification of ownership of land where project will be located
- Documentation that each Non-NMFA project funding source has been approved, or is in the process of being approved (if applicable)
- Documentation showing status of right-of-way acquisition (if applicable)
- Explanation of land ownership arrangements (if applicable)

- List all required permits and licenses necessary to complete this project. Detail the status of each item, a plan of action, and time frame for completing incomplete permits and licenses. Also provide a copy of all permits and licenses.
- Is there litigation pending which would have a bearing on this project or applicant? Yes  No   
If yes, provide a complete summary of all circumstances relating to such litigation.
- Indicate the regular meeting dates for your authorizing body: \_\_\_\_\_

**V. CERTIFICATION**

**I certify that:**

**We have the authority to request and incur the debt described in this application and, upon award, will enter into a contract for the repayment of any NMFA loans and/or bonds.**

**We will comply with all applicable state and federal regulations and requirements.**

**To the best of my knowledge all information contained in this application is valid and accurate and the submission of this application has been authorized by the governing body of the undersigned jurisdiction.**

**Signature:**

**Title:**

\_\_\_\_\_  
(highest elected official)

\_\_\_\_\_

**Jurisdiction:**

\_\_\_\_\_

**Print Name:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Finance Officer/Director:**

\_\_\_\_\_