



NMFA Use Only:

App. #:	-PP
FA assigned:	
Legislative Authorization	

**PUBLIC PROJECT REVOLVING FUND  
SOLID WASTE APPLICATION**

**I. GENERAL INFORMATION**

**A. APPLICANT /ENTITY**

Application Date:

<b>Applicant/Entity:</b>		<input type="text"/>			
<b>Address:</b>		<input type="text"/>			
<b>Phone:</b>	<input type="text"/>	<b>Fax:</b>	<input type="text"/>	<b>Email Address:</b>	<input type="text"/>
<b>County:</b>	<input type="text"/>	<b>Census Tract:</b>	<input type="text"/>		
<b>Federal Employer Identification Number (EIN) as issued by the IRS:</b>				<input type="text"/>	
<b>Individual Completing Application:</b>		<input type="text"/>			
<b>Address:</b>		<input type="text"/>			
<b>Phone:</b>	<input type="text"/>	<b>Fax:</b>	<input type="text"/>	<b>Email Address:</b>	<input type="text"/>

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

<b>Firm:</b>		<input type="text"/>			
<b>Contact:</b>		<input type="text"/>			
<b>Address:</b>		<input type="text"/>			
<b>Phone:</b>	<input type="text"/>	<b>Fax:</b>	<input type="text"/>	<b>Email Address:</b>	<input type="text"/>

**C. PRIMARY CONTACT PERSON:**

<b>Name:</b>		<input type="text"/>			
<b>Address:</b>		<input type="text"/>			
<b>Phone:</b>	<input type="text"/>	<b>Fax:</b>	<input type="text"/>	<b>Email Address:</b>	<input type="text"/>

## II. PROJECT SUMMARY

**A. Project Description.** Complete the following information using the provided space below. 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. Attach a cost breakdown of the project that is certifiable by either an engineer or architect. If not available, when do you anticipate having this information prepared and completed?

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

6. Is this project on your Local Infrastructure Capital Improvement Plan (ICIP)?    Yes     No   
If yes, what rank?

**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>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</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>	<b>\$</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.** Does this project require a Joint Powers Agreement (JPA)? Yes  No   
 If yes, provide a copy of 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 \_\_\_\_\_
- 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.**

C. 1. Who sets the solid waste tipping fees?

2. When were the tipping fees last adjusted?

3. What is the current fee structure for the following classifications?

	# of Customers	Rate per 6,000 gallons	Revenue Generated By
<b>Residential</b>			
<b>Commercial</b>			
<b>Industrial</b>			
<b>Bulk</b>			

4. Please describe your rate review process and frequency of review (proposed or existing).

5. Do you expect any significant changes to occur in operational revenues of expenditures in the next three fiscal years that would impact your overall operating budget? Yes  No   
 If yes, please describe:

6. Do you expect an increase in service demand that would impact the capacity of the facility as a result of this project? Yes  No

If yes, please explain.

	<u>Industrial</u>		<u>Commercial</u>		<u>Residential</u>	
<u>Fiscal Year</u>	<u># of Customers</u>	<u>Revenues Generated</u>	<u># of Customers</u>	<u>Revenues Generated</u>	<u># of Customers</u>	<u>Revenues Generated</u>

D. Ten (10) largest customers of the solid waste system:

<u>NAME</u>	<u>Amount billed (Most Recent Fiscal Year)</u>

## V. READINESS TO PROCEED ITEMS

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

- Map of service area, including census tract information
- Three most recently completed fiscal year audit reports
- Current unaudited financials
- Current fiscal year budget
- By-laws (if applicable)
- Articles of incorporation (if applicable)
  
- Board rules and regulations (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)
- 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
- Preliminary Engineering Report approved by the NMFA
- Environmental Information Document approved by the NMFA
- Disclosure questionnaire (if applicable)
- 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. 1**

**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:**