CAPITAL FINANCING PLAN

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| --- | --- |
|  | |
|  |  |
| (Project Sponsor) | |
|  |  |
| (Authorized Representative and Title) | |
|  |  |
| (City, State, and Zip Code) | |
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| --- | --- |
|  |  |
| (Capital Financing Plan Contact, Title and Telephone Number) |  |
|  |  |
| (Mailing Address) |  |
|  |  |
| (City, State, and Zip Code) |  |
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The Department needs to know about the financial capabilities of potential State Revolving Fund (SRF) loan applicants. Therefore, a financial capability demonstration (and certification) is required well before the evaluation of the actual loan application.

|  |  |
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| The sources of revenues being dedicated to repayment of the SRF loan are |  |

**(Note: Projects pledging utility operating revenues should attach a copy of the existing/proposed rate ordinance)**

**Estimate of Proposed SRF Loan Debt Service**

|  |  |  |
| --- | --- | --- |
| Capital Cost\* |  |  |
| Loan Service Fee (2% of capital cost) |  |  |
| Subtotal |  |  |
| Capitalized Interest\*\* |  |  |
| Total Cost to be Amortized |  |  |
| Interest Rate\*\*\* |  |  |
| Annual Debt Service |  |  |
| Annual Debt Service Including Coverage Factor\*\*\*\* |  |  |

\* Capital Cost = Allowance + Construction Cost (including a 10% contingency) + Technical Services after Bid

Opening.

\*\* Estimated Capitalized Interest = Subtotal times Interest Rate times construction time in years divided by two.

\*\*\*20 GO Bond Rate times Affordability Index divided by 200.

\*\*\*\* Coverage Factor is generally 15%. However, it may be higher if other than utility operating revenues are

pledged.

**SCHEDULE OF PRIOR AND PARITY LIENS**

List annual debt service beginning two years before the anticipated loan agreement date and continuing at least fifteen fiscal years. Use additional pages as

necessary.

IDENTIFY EACH OBLIGATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#1** | | | |  | **#2** | | | |  | **#3** | | |  | |
| **Coverage %** | | | |  | **Coverage %** | | | |  | **Coverage %** | | |  | |
| **Insured (Yes/No)** | | | |  | **Insured (Yes/No)** | | | |  | **Insured (Yes/No)** | | |  | |
| **#4** | | | |  | **#5** | | | |  | **#6** | | |  | |
| **Coverage %** | | | |  | **Coverage %** | | | |  | **Coverage %** | | |  | |
| **Insured (Yes/No)** | | | |  | **Insured (Yes/No)** | | | |  | **Insured (Yes/No)** | | |  | |
| Fiscal Year | Annual Debt Service (Principal + Interest) | | | | | | | | | | Total Non-SRF Debt Service w/coverage | Total SRF Debt Service w/coverage | |
|  | **#1** | **#2** | **#3** | | | **#4** | **#5** | **#6** | | |  |  | |
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**SCHEDULE OF ACTUAL REVENUES AND DEBT COVERAGE**

**FOR PLEDGED REVENUE**

(Provide information for the two fiscal years preceding the anticipated date of the SRF loan agreement)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | **FY** |  | **FY** |
| (a) | | Operating Revenues (Identify) |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
| (b) | | Interest Income |  |  |  |  |
|  | |  |  |  |  |  |
| (c) | | Other Incomes or Revenues (Identify) |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
| (d) | | Total Revenues |  |  |  |  |
|  | |  |  |  |  |  |
| (e) | | Operating Expenses (excluding interest on debt, depreciation, and other non-cash items) |  |  |  |  |
|  | |  |  |  |  |  |
| (f) | | **Net Revenues (f = d – e)** |  |  |  |  |
|  | |  |  |  |  |  |
| (g) | | Debt Service (including coverage) Excluding SRF Loans |  |  |  |  |
|  | |  |  |  |  |  |
| (h) | | Debt Service (including coverage) for Outstanding SRF Loans |  |  |  |  |
|  | |  |  |  |  |  |
| (i) | | **Net Revenues After Debt**  **Service (i = f – g – h)** |  |  |  |  |
|  | |  |  |  |  |  |
| Source: | | | | | |
| Notes: | | | | | |

**SCHEDULE OF PROJECTED REVENUES AND DEBT COVERAGE**

### FOR PLEDGED REVENUE

(Begin with the fiscal year preceding first anticipated semiannual loan payment)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **FY** |  |  | **FY** |  |  | FY |  |  | FY |  |  | **FY** |  |
| (a) | Operating Revenues  (Identify) | |  | |  |  | |  |  | |  |  | |  |  | |
|  |  |  |  | |  |  | |  |  | |  |  | |  |  | |
|  |  |  |  | |  |  | |  |  | |  |  | |  |  | |
| (b) | Interest Income | |  | |  |  | |  |  | |  |  | |  |  | |
| (c) | Other Incomes or Revenues (Identify) |  |  | |  |  | |  |  | |  |  | |  |  | |
|  |  |  |  | |  |  | |  |  | |  |  | |  |  | |
| (d) | Total Revenues | |  | |  |  | |  |  | |  |  | |  |  | |
| (e) | Operating Expenses1 | |  | |  |  | |  |  | |  |  | |  |  | |
| (f) | **Net Revenues**  **(f = d - e)** | |  | |  |  | |  |  | |  |  | |  |  | |
| (g) | Existing Debt Service on Non-SRF Projects (including coverage) | |  | |  |  | |  |  | |  |  | |  |  | |
| (h) | Existing SRF Loan Debt Service (including coverage) | |  | |  |  | |  |  | |  |  | |  |  | |
| (i) | Total Existing Debt Service  **(i = g + h)** | |  | |  |  | |  |  | |  |  | |  |  | |
| (j) | Projected Debt Service on  Non-SRF Future Projects  (including coverage) | |  | |  |  | |  |  | |  |  | |  |  | |
| (k) | Projected SRF Loan Debt Service (including coverage) | |  | |  |  | |  |  | |  |  | |  |  | |
| (l) | **Total Debt Service (Existing and Projected)**  **(l = i + j + k)** | |  | |  |  | |  |  | |  |  | |  |  | |
| (m) | Net Revenues After Debt Service (m = f – l) | |  | |  |  | |  |  | |  |  | |  |  | |

|  |
| --- |
| Source: |
| Notes: (i.e. rate increases, explanations, etc.)  1. For existing and proposed facilities, excluding interest on debt, depreciation, and other non-cash items. |

CERTIFICATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I, |  | | | , certify that I have reviewed the information | | |
|  | Chief Financial Officer (please print) | | |  | | |
| included in the preceding capital financing plan worksheets, and to the best of my knowledge, this | | | | | | |
| information accurately reflects the financial capability of | | | | |  | |
|  | | | | | Project Sponsor | |
| I further certify that | |  | | | | has the financial capability to ensure |
|  | | Project Sponsor | | | |  |
| adequate construction, operation, and maintenance of the system, including this SRF project. | | | | | | |
|  | | |  | | |  |
| Signature | | |  | | | Date |