

CAPITAL FINANCING PLAN

(Project Sponsor)

(Authorized Representative and Title)

(City, State, and Zip Code)

(Capital Financing Plan Contact, Title and Telephone Number)

(Mailing Address)

(City, State, and Zip Code)

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.

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 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 <input style="width: 50px; height: 20px;" type="text"/>	FY <input style="width: 50px; height: 20px;" type="text"/>
(a) Operating Revenues (Identify)		
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
(b) Interest Income		
	<hr/>	<hr/>
(c) Other Incomes or Revenues (Identify)		
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
(d) Total Revenues	<hr/>	<hr/>
(e) Operating Expenses (excluding interest on debt, depreciation, and other non-cash items)		
	<hr/>	<hr/>
(f) Net Revenues (f = d – e)	<hr/>	<hr/>
(g) Debt Service (including coverage) Excluding SRF Loans		
	<hr/>	<hr/>
(h) Debt Service (including coverage) for Outstanding SRF Loans		
	<hr/>	<hr/>
(i) Net Revenues After Debt Service (i = f – g – h)	<hr/>	<hr/>

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 Expenses ¹	_____	_____	_____	_____	_____
(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