

STATE OF KANSAS
WATER/SEWER PROFILE
FOR STATE AND/OR FEDERAL ASSISTANCE

CHECK PROJECT TYPE:

- WATER:** Must submit **four (4) copies** of this form with **four (4) copies** of the Engineering Report.
- SEWER:** Must submit **three (3) copies** of this form with **three (3) copies** of the Engineering Report.

City/County Involved: _____ Water/Sewer District: _____

Representative/Title: _____

Address: _____ City/Zip Code: _____

Telephone: _____ E-mail address: _____

County: _____

Grant Writer: _____

Address: _____ City/Zip Code: _____

Telephone: _____ E-mail address: _____

Engineering Firm: _____

Engineering Consultant: _____

Address: _____ City/Zip Code: _____

Telephone: _____ E-mail address: _____

Population _____ Current LMI % _____ Survey LMI % _____

Census Approved Survey New Survey

Description of Need: (Be specific regarding general service area description, i.e., townships served, etc.)

Alternatives Considered to Date: (Tell us what alternative you have chosen.)

If invited to a KIAC meeting, entity must provide information on outstanding debt for applicable facility (amount, interest rate, annual obligation, term lender, etc.).

Check which funding programs you are concerning:

Commerce – CDBG _____
USDA – RD _____
KDHE – SRF _____
Other _____

Complete as applicable to project:

Sewer rates: \$ _____ /month (flat rate) or
\$ _____ /month minimum plus
\$ _____ /1000 gallons water used

Water rates: \$ _____ for first _____ Gallons
\$ _____ for next _____ Gallons
\$ _____ for next _____ Gallons

of Water Connections: _____
Residential _____
Non-residential _____
of Sewer Connections: _____
Residential _____
Non-residential _____

Total monthly water consumption _____
Average monthly water consumption/household _____
Sewer bill for 5,000 gallons _____
Water bill for 5,000 gallons _____

COST CLASSIFICATION

ESTIMATED TOTAL COST

1. Acquisition \$ _____
2. Construction \$ _____
3. Architectural/Engineering fees \$ _____
4. Inspection \$ _____
5. Legal Expenses \$ _____
6. Initial O & M \$ _____
7. Miscellaneous (explain) \$ _____
8. Administrative Expenses \$ _____
9. SUBTOTAL \$ _____
10. Less local cash \$ _____
11. TOTAL LOAN/GRANT NEEDED \$ _____

The undersigned representative of the applicant certifies that the information contained herein and the statement, exhibits, and reports are true, correct and complete to the best of my knowledge and belief.

Applicant Signature: _____ Date: _____

Engineer Signature: _____ Date: _____