

TYPE OF ASSISTANCE

| | | |
|--|--|---|
| ENTITY NAME _____ ST/CNTY _____ ID NUMBER _____ | | FACIL ID _____ FND RQST NO _____ LN NO _____ GR NO _____ |
| APPL/BORR TYPE _____ () () () () _____ | | PURPOSE OF FUNDS _____ |
| FIPS STATE CODE _____ NAME _____ | | SECURITY (CODE) _____ |
| FIPS COUNTY CODE _____ NAME _____ | | PRIORITY WT _____ NO. PROJ. MERGED _____ |
| FIPS PLACE CODE _____ NAME _____ | | MEDIAN INCOME _____ POPULATION SERVED _____ |
| FACILITY LOCATION _____ FIPS PLACE CODE _____ | | SOURCE OF FUNDS _____ FUND AUTHORIZATION _____ |
| ST. INTERGOVT CONSULTATION ID NO. _____ | | ENVIRONMENTAL IMPACT: _____ CODE _____ YR. _____ |
| COUNTY OFFICE _____ DISTRICT OFFICE CODE _____ | | DATE PROJECT SUMMARY SENT TO N.O. _____ EST. VALUE OF EXISTING FACILITIES _____ |
| APPLICANT BUSINESS OFFICE _____ APPLICANT CONTACT (Name/Title) _____ | | FUNDING DATA (OBLG) (CLOS.) |
| OFFICERS _____ LOCAL ATTORNEY _____ | | LOAN AMT\$ _____ TYPE OF INT: _____ |
| MANAGER _____ BOND COUNSEL _____ | | GRANT AMT _____ INT. RATE: _____ % _____ % |
| ENGINEER/ARCHITECT _____ | | BOR. FND _____ MATURITY _____ |
| | | PRIVATE/COMM. FND <u>TOTAL DEOBLG.</u> |
| | | EPA FUNDS LOAN \$ _____ REASON _____ |
| | | REG. COMM. FND GRANT \$ _____ REASON _____ |
| | | ST/CNTY FND <u>TOTAL DEOBLG. SFY</u> |
| | | OTHER FUNDS LOAN \$ _____ REASON _____ |
| | | (SOURCES) () () () GRANT \$ _____ REASON _____ |
| | | TOTAL FACILITY COST \$ _____ |
| WW SUBSIDIARY FACILITIES | | |
| | | (COLLECTION) (90) (TREATMENT) (91) |
| | | LOAN AMT\$ _____ LOAN AMT\$ _____ |
| | | GRANT AMT GRANT AMT _____ |
| | | BOR. FND BOR. FND _____ |
| | | PRIVATE/COMM. FND PRIVATE/COMM. FND _____ |
| | | EPA FUNDS EPA FUNDS _____ |
| | | REG. COMM. FND REG. COMM. FND _____ |
| | | ST/CNTY FND ST/CNTY FND _____ |
| | | OTHER FUNDS OTHER FUNDS _____ |

(FOLD ON DOTTED LINE)

| | | | | | |
|---|---|-----------------------|----------------------|-----------------|----------|
| CONTRACTOR NAME, CONTRACT NO. DESCRIPTION OF WORK & AMOUNT | COMPLETION DATES | CURRENT STATUS | LOAN | DATE | AMOUNT |
| | | | GRANT | DATE | AMOUNT |
| DATE OF PREFINAL INSPECTION _____ DATE OF SUBSTANTIAL COMPLETION _____ | DATE OF PREFINAL INSPECTION _____ DATE OF SUBSTANTIAL COMPLETION _____ | TRACKING INFO. _____ | DATE | LN. AMT. | GR. AMT. |
| | | | PREAPPL. REC'D _____ | _____ | _____ |
| DATE OF PREFINAL INSPECTION _____ DATE OF SUBSTANTIAL COMPLETION _____ | DATE OF PREFINAL INSPECTION _____ DATE OF SUBSTANTIAL COMPLETION _____ | OBLIGATED _____ | AD-622 ISSUED _____ | _____ | _____ |
| | | | APPL. REC'D _____ | _____ | _____ |
| DATE OF PREFINAL INSPECTION _____ DATE OF SUBSTANTIAL COMPLETION _____ | DATE OF PREFINAL INSPECTION _____ DATE OF SUBSTANTIAL COMPLETION _____ | INTERIM FINAN. _____ | AGENCY CLOSED _____ | _____ | _____ |
| | | | OPERATIONAL _____ | _____ | _____ |
| COMMENTS: | COMMENTS: | APPEAL IND. | APPEAL FY | | |
| | | | DEVELOPMENT | EQUIPMENT | |
| FEES AND COSTS | HEALTH CARE: | LAND AND RIGHTS | CONTINGENCIES | | |
| | | | LEGAL SERVICES | REFINANCING | |
| CREATED | PROJECTED DAYS CARE | ARCH/ENG R/FEES | INITIAL O&M | | |
| | | | CAPITAL INTEREST | INITIAL RESERVE | |
| SAVED | PROJECTED OUTPATIENT VISIT | SYSTEM ID | WATER SYSTEM | | |
| | | | WASTE SYSTEM | | |
| TOTAL | TOTAL SQUARE FEET | SYSTEM ID | SOLID WASTE | | |

CF SUBSIDIARY TRACKING

| TYPE | SIC | NBR | UNIT-CD | BEFORE | AFTER | RURAL DEVELOPMENT | AMOUNT |
|-------|-------|-------|---------|--------|-------|-------------------|--------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

