

**EXHIBIT  
A**

Texas Water Development Board (TWDB)  
Clean Water State Revolving Fund (CWSRF)

**Project Information Form (PIF)**

**To be considered for the upcoming SFY 2026 Intended Use Plan (IUP), you must submit your Project Information Form (PIF) by March 7, 2025.**

**If you have computer access, please submit your PIF through TWDB's On-line Loan Application (OLA) system found at [ola.twdb.texas.gov](http://ola.twdb.texas.gov).**

**Section 1. GENERAL INFORMATION**

Please Indicate the State Fiscal Year (SFY) for this PIF*:		For SFY 2025 IUP (Ends Aug. 31, 2025)	<input type="checkbox"/>	For SFY 2026 IUP (Begins Sep. 1, 2025)	<input type="checkbox"/>
Name of Entity <small>(City, Town, County, District, Authority, System, Corporation, etc.)</small>			County		
Name of Project <small>(Provide a brief name for this project.)</small>			Proposed Total Project Costs <small>(Section 10, Line L.)</small>		
Entity Contact Information			Engineering Firm Contact Information		
			Name of Firm		
Contact Person			Contact Person		
Title & Department			Title & Department		
Mailing Address			Mailing Address		
Phone Number			Phone Number		
Email Address			Email Address		
Are you a first-time applicant?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, how did you hear about the State Revolving Fund program?	Choose an item.
If "Other", please indicate					
Entities must be registered in SAM.gov to receive State Revolving Fund financial assistance.					
Is your entity registered in SAM.gov?	Choose an item.		If "Yes", provide the 12-character alphanumeric SAM.gov number.	Enter SAM ID #	

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**Section 2. SERVICE AREA INFORMATION**

**Attach and submit a map of the entity's current and, if applicable, proposed service area. The map of the service area must be overlaid by a map of the census boundaries in the service area.**

To determine population served indicate the number of people who reside within the service area of, or receive wholesale or retail water service from, the entity based on the most recent [American Community Survey \(ACS\) 5-year Estimates](#) or the most recent ACS 5-year data found in [Census Data Search \(WRD-284\)](#).

For an **unincorporated area** (e.g., a county, district, river authority, system, or corporation) provide a table that 1) identifies the number of household connections within each census tract or block group that covers the entity's service area and 2) prorates the population accordingly. See example table in [Census Data Search \(WRD-284\)](#).

Population Served		Total Household Connections	

**Section 3. PROJECT CATAGORY (check all that apply)**

<b>Publicly Owned Treatment Works (POTW)—Treatment and/or Collection:</b> Treatment projects may include, but not be limited to, construction or rehabilitation of a Wastewater Treatment Plant (WWTP); expansion of the hydraulic capacity at a WWTP; expansion of the solids treatment and handling portion of a WWTP; or construction of facilities, including linework, to enable reuse of reclaimed wastewater or stormwater for irrigation or other purposes. Collection projects may include, but not be limited to, construction or rehabilitation of collection systems; installation or rehabilitation of transmission, trunk, or relief lines; construction, rehabilitation, or replacement of lift stations; installation of diversion sewers; or stormwater treatment and/or control.	<input type="checkbox"/>
<b>Nonpoint Source Pollution Control (NPS):</b> NPS pollution control projects control sources of water pollution that do not enter water from a point source, including pollution generally resulting from land runoff, precipitation, atmospheric deposition, drainage, seepage, or hydrologic modification. This may also involve stormwater projects.	<input type="checkbox"/>
<b>Estuary Management:</b> Estuary management includes conservation and/or management projects that impact a national estuary.	<input type="checkbox"/>

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Name of Entity \_\_\_\_\_

**Section 4. PROJECT DESCRIPTION**

Briefly describe the proposed project and any innovative or alternative technology to be used. If the project is a regional project, include all the names of the communities involved or (WWTP) service areas altered. If the project is a nonpoint source pollution control or estuary management project, identify the water body or estuary, respectively, that will benefit from the project. If the proposed project is the result of a disaster, describe any public health or water quality problems consequent to the disaster that will be addressed by the proposed project. Add additional sheets as necessary.

[Empty space for project description]

Is the proposed project involving first time service?	Choose an item.	If yes, describe how:	
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**Urgent Need.** If the entity is requesting Urgent Need funding, please provide a description of circumstances that justify urgent need support, and a timeline of expected project activity.

[Empty space for urgent need description]

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Section 5. RATING CRITERIA FOR POTW PROJECTS								
<ul style="list-style-type: none"> <li>• Publicly Owned Treatment Works Projects: Fill out <b>Section 5.</b></li> <li>• Nonpoint Source Pollution Control Projects: Proceed to <b>Section 6.</b></li> <li>• Estuary Management Projects: Proceed to <b>Section 7.</b></li> </ul>								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">Yes</th> <th style="width: 50%; padding: 5px;">No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>		
Yes	No							
<input type="checkbox"/>	<input type="checkbox"/>							
<b>A. Enforcement Action</b>	<p>Is the work required by a schedule that is imposed by court order, Environmental Protection Agency (EPA) administrative order, Texas Commission on Environmental Quality (TCEQ) Notice of Enforcement or Agreed Order, or participation in the TCEQ's SSO Initiative? If "Yes," attach a copy of the order or SSO plan.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>							
<b>B. Unserved Area</b>	<p>1. Does the project involve extending service (centralized or alternative system) to populated areas of an existing developed community that are not served by a centralized collection system?</p> <p>2. Has a public health official found that a nuisance dangerous to public health and safety exists resulting from water supply and sanitation problems in the area to be served by the project? If "Yes," attach a letter from a Designated Agent licensed by the TCEQ or a registered sanitarian from the Texas Department of State Health Services that documents the nuisance.</p> <p>3. If the proposed project is providing service to areas currently using on-site sewage facilities (OSSF), please provide the number of on-site systems to be removed from service.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">Enter Number</td> </tr> </tbody> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter Number	
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
Enter Number								
<b>C. Watershed Protection Plan</b>	<p>Is a water body impacted by the proposed project listed in a Watershed Protection Plan that is under development or has been accepted by the TCEQ or Texas State Soil and Water Conservation Board (TSSWCB)? If "Yes," attach the cover page, table of contents, and highlighted page(s) from the plan that clearly identify(ies) the water body and how the project will implement an element of the plan.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>							
<b>D. Innovative and Alternative</b>	<p>1. Will the project include innovative or alternative collection or treatment technology, as defined below?</p> <ul style="list-style-type: none"> <li>• <b>Alternative Technology</b> Proven wastewater management techniques that provide for the reclaiming and reuse of water, productively recycle wastewater constituents, or recover energy. Specifically, alternative technology includes land application of effluent and sludge, aquifer recharge, aquaculture, direct reuse, horticulture, revegetation of disturbed land, containment ponds, sludge composting and drying prior to land application, self-sustaining incineration, methane recovery, individual and onsite systems, and small diameter pressure and vacuum sewers and small diameter gravity sewers carrying partially or fully treated wastewater.</li> <li>• <b>Innovative Technology</b> Nonconventional methods of treatment, such as rock reed, root zone, ponding, irrigation, or other technologies, which represent a significant advance in the state of the art.</li> </ul> <p>2. For stormwater projects required under an NPDES permit, will the proposed project treat or minimize urban stormwater pollution discharges using any of the following innovative approaches: decentralized or distributed stormwater controls; low impact development technologies and nonstructural approaches; stream buffers; wetland restoration and enhancement; actions to minimize the quantity of and direct connections to impervious surfaces; or soil, vegetation, or other permeable materials? <b>Note:</b> Stormwater projects that are not specifically part of a NPDES permit may be considered NPS projects.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<b>E. More Stringent Effluent Limits</b>	<p>Does the project involve more stringent permit limitations? This can include conversion to a no-discharge or partial reuse facility to avoid a higher level of treatment. If "Yes," attach a copy of the new discharge permit or a letter from the TCEQ stating the new limits.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>							

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<b>Section 5. RATING CRITERIA FOR POTW PROJECTS (Continued)</b>			
<b>F.</b>	<b>Regional Projects</b>		
	1. Does the project result in removing one or more existing WWTPs from service, thereby reducing the number of plant outfalls?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Is the project a trunk sewer that will convey wastewater from a plant that will be removed from service to an existing treatment plant?	<input type="checkbox"/>	<input type="checkbox"/>
	3. Is the project a trunk sewer to an existing or developing area that will convey wastewater to an existing WWTP, thereby avoiding the construction of a separate treatment facility?	<input type="checkbox"/>	<input type="checkbox"/>
	4. Will the project expand an existing regional facility to receive flow from another community rather than create or continue use of a separate wastewater treatment facility?	<input type="checkbox"/>	<input type="checkbox"/>
If <b>“Yes”</b> to any of the above questions, attach a map showing the existing service area along with the proposed expanded or altered service areas resulting from this project.			
<b>G.</b>	<b>Demand Reduction</b> Will a majority of the funds being requested for the project be used to implement measures to reduce the demand for publicly owned treatment works capacity through water conservation, efficiency, or reuse? If yes, please explain below.	<input type="checkbox"/>	<input type="checkbox"/>
<b>H.</b>	<b>Planning Assistance (for qualified non-profit entities only holding a Federal tax-exempt status)</b> Will a majority of the funds being requested from the CWSRF be used to assist owners and operators of small and medium publicly owned treatment works to either (a) plan, develop, and obtain financing for eligible CWSRF projects, including planning, design, and associated pre-construction activities; or (b) assist such treatment works in achieving compliance with the Federal Water Pollution Control Act? If yes, please explain below.	<input type="checkbox"/>	<input type="checkbox"/>

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**Section 5. RATING CRITERIA FOR POTW PROJECTS (Continued)**

<b>I. Wastewater Treatment Plant Parameters</b>				<b>Yes</b>	<b>No</b>
1. Does the project result in abandoning or relieving a WWTP and diverting flow to another facility? If "Yes," complete Questions I.2 and I.3. If "No," complete only Question I.2.				<input type="checkbox"/>	<input type="checkbox"/>
2. Provide the following data for the facility to be abandoned or relieved of flow, or the plant serving the project.					
<b>WWTP Name</b>			<b>TCEQ Permit #</b>		
			<b>NPDES #</b>		
<b>No-Discharge Facility?</b>	<b>Yes</b>	<b>No</b>	If "No," identify the Discharge Segment		
	<input type="checkbox"/>	<input type="checkbox"/>			
	<b>Current Permit Limits</b>		<b>Proposed Permit Limits</b>		
<b>Average Daily Flow</b>					
<b>Peak 2-Hour Flow</b>					
<b>CBOD/BOD</b>					
<b>TSS</b>					
<b>Chlorination</b>					
<b>Nitrogen</b>					
<b>Phosphorus</b>					
<b>DO</b>					
<b>Dechlorination</b>					
<b>Status of Permit Application</b>					
3. If "Yes" to Question I.1 above, provide the following data for the facility to receive diverted flow.					
<b>WWTP Name</b>			<b>TCEQ Permit #</b>		
			<b>NPDES #</b>		
<b>No-Discharge Facility?</b>	<b>Yes</b>	<b>No</b>	If "No," identify the Discharge Segment		<b>No-Discharge Facility?</b>
	<input type="checkbox"/>	<input type="checkbox"/>			
	<b>Current Permit Limits</b>		<b>Proposed Permit Limits</b>		
<b>Average Daily Flow</b>					
<b>Peak 2-Hour Flow</b>					
<b>CBOD/BOD</b>					
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<b>Nitrogen</b>					
<b>Phosphorus</b>					
<b>DO</b>					
<b>Dechlorination</b>					
<b>Status of Permit Application</b>					

Proceed to Section 8.

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<b>Section 6. RATING CRITERIA FOR NPS PROJECTS</b>			
This section should only be completed for Nonpoint Source Pollution Control Projects. For eligibility criteria, please refer to the Project Information Form Guidance.		<b>Yes</b>	<b>No</b>
<b>A.</b>	<b>Public Health Threat</b> Has a public health official found that a nuisance dangerous to public health and safety exists resulting from water supply and sanitation problems in the area to be served by the proposed project? If <b>“Yes,”</b> attach a letter from a Designated Agent licensed by the TCEQ or a registered sanitarian from the Texas Department of State Health Services that documents the nuisance.	<input type="checkbox"/>	<input type="checkbox"/>
<b>B.</b>	<b>Groundwater Threat</b> Does a threat exist to an aquifer or groundwater that may be impacted by the proposed project? If <b>“Yes,”</b> attach any studies or other documentation needed to show that a threat exists.	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.</b>	<b>Watershed Protection Plan</b> Is a water body impacted by the proposed project listed in a Watershed Protection Plan that is under development or has been accepted by the TCEQ or TSSWCB? If <b>“Yes,”</b> attach the cover page, table of contents, and highlighted page(s) from the plan that clearly identify(ies) the water body and how the project will implement an element of the plan.	<input type="checkbox"/>	<input type="checkbox"/>
<b>D.</b>	<b>Impaired Water Body</b> The proposed project impacts a water body that does not meet applicable water quality standards. (refer to water bodies listed as Category 4a, 5a, 5b, or 5c in the latest Watershed Action Planning Strategy Table at <a href="http://www.tceq.texas.gov/assets/public/waterquality/wap/wap_allbasins.pdf">www.tceq.texas.gov/assets/public/waterquality/wap/wap_allbasins.pdf</a> ). Projects impacting water bodies with TMDL Implementation Plans (TMDL/I-Plans) will be awarded additional points.  If entity answered <b>“Yes”</b> , to <b>D.</b> , identify the discharge segment impacted by the proposed project.	<input type="checkbox"/>	<input type="checkbox"/>
<b>E.</b>	<b>Low Impact Development</b> Does the project include stream bank restoration or contain elements of Low Impact Development, such as vegetated filter strips, bio-retention, rain gardens, or porous pavement?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reminder:</b> Submit information that documents that the project meets the NPS eligibility criteria.			
Proceed to Section 8.			

<b>Section 7. RATING CRITERIA FOR ESTUARY MANAGEMENT PROJECTS</b>			
This section should only be completed for Estuary Management projects. All estuary management projects must be consistent with the management plan of either the Coastal Bend Bays & Estuaries Program ( <a href="http://cbbep.org">cbbep.org</a> ) or the Galveston Bay Estuary Program ( <a href="http://gbep.state.tx.us">gbep.state.tx.us</a> ).			
Is the proposed project consistent with one or more of the following objectives?		<b>Yes</b>	<b>No</b>
<b>A.</b>	Restore, protect, and enhance coastal natural resources?	<input type="checkbox"/>	<input type="checkbox"/>
<b>B.</b>	Improve water quality?	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.</b>	Enhance public access?	<input type="checkbox"/>	<input type="checkbox"/>
<b>D.</b>	Improve onshore infrastructure and environmental management?	<input type="checkbox"/>	<input type="checkbox"/>
<b>E.</b>	Mitigate erosion and stabilize shorelines?	<input type="checkbox"/>	<input type="checkbox"/>
<b>F.</b>	Educate the public on the importance of coastal natural resources?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reminder:</b> Submit information that documents that the project meets the estuary management eligibility criteria.			

<b>Section 8. ADDITIONAL RATING CRITERIA</b>			
<b>Stormwater Reduction</b> Will a majority of the funds being requested from the CWSRF be used to implement innovative approaches to manage, reduce, treat, or recapture stormwater or subsurface drainage water? If yes, please explain.		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Reuse and Recycling</b> Will a majority of the funds being requested from the CWSRF be used to implement reuse or recycling wastewater, stormwater, or subsurface drainage water? If yes, please explain below.		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>

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Section 9. RATING CRITERIA FOR ALL PROJECTS—EFFECTIVE MANAGEMENT						
<b>A.</b>	<b>Asset Management</b>			<b>Yes</b>	<b>No</b>	
1.	a.	<p>In the past 5 years, has an asset management plan been adopted by the entity's governing body that incorporates an inventory of all assets, an assessment of the criticality and condition of the assets, a prioritization of capital projects needed, and a budget? <i>Note: Asset management plans must have been adopted within a 5-year period (60 months) prior to the date TWDB receives this PIF.</i></p> <p>If <b>"Yes,"</b> attach 1) the cover page and table of contents of the entity's adopted or approved asset management plan and 2) the highlighted pages from the plan that clearly identify each of the above-referenced elements. <i>Note: A Capital Improvement Plan (CIP) alone does not constitute an asset management plan.</i></p>			<input type="checkbox"/>	<input type="checkbox"/>
	b.	<p>If <b>"No"</b> to Question A.1.a., is the entity planning to prepare an asset management plan as part of the proposed project? If so, include language in the Project Description (Section 4) that states this.</p>			<input type="checkbox"/>	<input type="checkbox"/>
<p>Assistance with establishing an asset management plan is offered through TCEQ's Financial, Managerial, and Technical (FMT) contract. Contact TCEQ, at 512-239-4691 or <a href="mailto:fmt@tceq.texas.gov">fmt@tceq.texas.gov</a> to schedule a meeting.</p>						
2.	<p>Has asset management training been administered to the entity's governing body and employees? If <b>"Yes,"</b> attach the following information for each trainee: name, title/position, date of training, course name, and name of organization that conducted the training.</p>			<input type="checkbox"/>	<input type="checkbox"/>	
<b>B.</b>	<b>Water Conservation</b>					
<p>Does the proposed project address specific targets, goals, or measures in a water conservation or drought contingency plan that has been adopted by the entity's governing body within the past 5 years? <i>Note: Plans must have been adopted within a 5-year period (60 months) prior to the date TWDB receives this PIF.</i></p>				<input type="checkbox"/>	<input type="checkbox"/>	
<p>If <b>"Yes,"</b> 1) list the targets, goals, or measures to be supported; 2) describe how they will be addressed by the proposed project; 3) enter the estimated cost of the water conservation measures of the proposed project; AND 4) attach the cover page, table of contents, and highlighted pages from the plan that clearly identify the project-related targets, goals or measures.</p> <ul style="list-style-type: none"> <li>• For questions regarding water conservation plans, contact <a href="mailto:wcpteam@twdb.texas.gov">wcpteam@twdb.texas.gov</a> or 512-463-7988, or visit the Municipal Water Conservation Plans web page at <a href="http://www.twdb.texas.gov/conservation/municipal/plans/index.asp">www.twdb.texas.gov/conservation/municipal/plans/index.asp</a>.</li> <li>• Information on drought contingency planning can be found online at <a href="https://www.tceq.texas.gov/permitting/water_rights/wr_technical-resources/contingency.html">https://www.tceq.texas.gov/permitting/water_rights/wr_technical-resources/contingency.html</a>.</li> </ul> <p><i>Note: Entities seeking financial assistance in excess of \$500,000 must submit a water conservation plan during the application phase.</i></p>						
<b>C.</b>	<b>Energy Efficiency</b>					
<p>Does the proposed project address specific goals in a system-wide or plant-wide energy assessment, audit, or optimization study that has been conducted within the past three years? If <b>"Yes,"</b> attach the highlighted pages from the energy assessment, audit, or optimization study that clearly identify the goals to be addressed by the project.</p>				<input type="checkbox"/>	<input type="checkbox"/>	



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**Section 9. RATING CRITERIA FOR ALL PROJECTS—EFFECTIVE MANAGEMENT (Continued).**

D.	<b>Implementation of Water Plans</b>	Yes	No
	Does the proposed project implement elements contained in a state or regional water plan, integrated water resource management plan, regional facility plan, regionalization or consolidation plan, finalized Economically Distressed Areas Program (EDAP) facility plan, or a total maximum daily loads (TMDL) implementation plan?	<input type="checkbox"/>	<input type="checkbox"/>
	<p>If “Yes,” 1) list the plan name and sponsor; 2) list the elements of the plan to be implemented; and 3) attach the cover page, table of contents, and highlighted pages featuring the relevant information from the plan that clearly identify the elements to be implemented.</p>		
E.	<b>Cybersecurity Awareness</b>	Yes	No
	In the past 5 years, has a Cybersecurity Awareness Plan been adopted by the entity's governing body? If "Yes," attach the cover page, table of contents, and highlighted pages of the entity's adopted cybersecurity awareness plan.	<input type="checkbox"/>	<input type="checkbox"/>

**Section 10. GREEN PROJECT INFORMATION**

For assistance in responding to this section, see the CWSRF Green Project Guidance (TWDB-0161) available online at <a href="http://www.twdb.texas.gov/financial/instructions/doc/TWDB-0161.pdf">http://www.twdb.texas.gov/financial/instructions/doc/TWDB-0161.pdf</a> .		Yes	No
A.	Does the proposed project contain, either partially or completely, green elements as defined by the Green Project Information Worksheets?	<input type="checkbox"/>	<input type="checkbox"/>
If “No,” proceed to Section 11.			
B.	Enter the estimated cost of the green portion of the proposed project.		
C.	Describe and justify in the space below the green elements of the proposed project. Add additional sheets as necessary. If available, attach a green business case.		

**Section 11. REFINANCING**

<b>CWSRF funds may be used to refinance projects that have been completed utilizing other funding sources outside of the TWDB.</b>		Yes	No
	Will CWSRF funds be used to refinance existing debt related to this project and received from a source other than the TWDB?	<input type="checkbox"/>	<input type="checkbox"/>

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Section 12. READINESS TO PROCEED TO CONSTRUCTION			
<b>A.</b>	<b>Permitting</b>	<b>Yes</b>	<b>No</b>
	Have permits necessary for construction been acquired; in particular, TCEQ wastewater discharge permit for wastewater treatment plant construction or wastewater reuse authorization (if applicable)? <ul style="list-style-type: none"> <li>If <b>“Yes,”</b> please provide the permit name(s) in the space below.</li> <li>If <b>“No,”</b> identify in the space below each federal, state, or local permit, license, or other authorizations needed for the project to proceed to construction and the status of each.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B.</b>	<b>Land Acquisition</b>		
	Have all land acquisitions and easements necessary to complete the project been obtained?	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>“No,”</b> please explain in the space below and provide an anticipated completion date.	Completion Date	
<b>C.</b>	<b>Design</b>	<b>Yes</b>	<b>No</b>
	1. Have you completed the design process including full development of plans and specifications? (If <b>“No,”</b> proceed to Question 2. If <b>Yes</b> , proceed to Section D).	<input type="checkbox"/>	<input type="checkbox"/>
	2. Has design work <b>progressed beyond preliminary design</b> ? If so, please provide the completion date. Completed preliminary design documents must consist of the following: <ul style="list-style-type: none"> <li>Design criteria, preliminary drawings, outline of specifications, written descriptions of the project, and updated opinion of probable cost.</li> <li>Project sites are plotted on site maps, the site has been surveyed, geotechnical analysis of site is complete, facility sizing is complete, and process schematics are complete.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	For rehab projects, the above is complete, meaning the details as to what linework portions and what plant components are to be rehabbed are well defined.	Completion Date	
	3. Will design work be initiated after the TWDB releases design funds for this project?	<input type="checkbox"/>	<input type="checkbox"/>

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Section 12. READINESS TO PROCEED TO CONSTRUCTION (continued)			
D. Environmental Review		Yes	No
<p>Only answer "Yes" to <b>ONE</b> of the following four questions:</p>	<p>1. Have you received a Finding of No Significant Impact (FNSI), Categorical Exclusion (CE), a Record of Decision (ROD), or an environmental determination prepared by another entity in compliance with the National Environmental Policy Act (NEPA) for this project? For projects that may qualify for a FNSI, please review <a href="#">31 TAC §371.44</a>; or that require a CE, review <a href="#">31 TAC §371.43</a>; or that require a ROD, review <a href="#">31 TAC §371.49</a>; or that have a determination by another entity, review <a href="#">31 TAC §371.51</a>.</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>If "Yes," provide Issuer (Agency) and date of issuance(s):</p>	<b>Issuer (Agency)</b>	<b>Date of Issuance</b>
	<p>2. If an environmental finding has not been issued, does your project meet the criteria to receive Categorical Exclusion as defined at <a href="#">31 TAC §371.42</a>?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>3. Can you submit an environmental report with the completed loan application that documents coordination with agencies has proceeded sufficiently to determine that no major issues remain?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>4. Will the environmental review be initiated after the TWDB releases planning funds for this project?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. Does the project have an approved Engineering Feasibility Report?</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>F. Construction Phase</b> (Estimated start date for first contract and estimated completion date for last contract)	<b>Start Date</b>	<b>Completion Date</b>	
<b>G. Project Bidding and Contracts</b>			
Will the proposed project be ready to advertise for construction bids immediately following a funding commitment for construction costs?	<input type="checkbox"/>	<input type="checkbox"/>	
If you are seeking reimbursement for eligible planning and/or design costs, was the work performed in compliance with applicable state law and federal crosscutters, including procurement following Disadvantaged Business Enterprise (DBE) requirements? For more information on DBE, please visit <a href="http://www.twdb.texas.gov/financia/programs/DBE/index.asp">http://www.twdb.texas.gov/financia/programs/DBE/index.asp</a>	<input type="checkbox"/>	<input type="checkbox"/>	
How many months will it take to close the loan after receiving a funding commitment? Projects deemed ready to proceed to construction must be able to expend funds quickly after receiving a funding commitment.	<input type="checkbox"/> N/A		
	Months		

Texas Water Development Board (TWDB)  
Clean Water State Revolving Fund (CWSRF)

**Project Information Form (PIF)**

Name of Entity:

Section 13. ESTIMATED COSTS						
Cost Category		(a) Planning	(b) Acquisition	(c) Design	(d) Construction	(e) Total (a)+(b)+(c)+(d)
<b>Check the phase(s) for which CWSRF funding is desired</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.	POTW Project: Treatment Project					
B.	POTW Project: Collection Project					
C.	NPS Project					
D.	Estuary Management Project					
E.	Engineering					
F.	General, Legal, Financial					
G.	Contingency					
H.	Other (Describe Cost)					
I.	Subtotal (Add Lines A-H)					
J.	Financing from Local Funds					
K.	Financing from Other Sources					
L.	Total, SRF-Funded Amount (Subtract Lines J and K from Line I)					
<b>Note: A loan origination fee will be applied to any committed loan amount.</b>						
<b>One-Time Commitment</b>		<input type="checkbox"/>				
<b>Up to date financial audits for your entity are required for funding to be awarded.</b>						
Are Audits up to date?					Select.	
Enter the year of entity's most recent completed financial audit?					Enter date.	
The last rate increase was completed in?					Enter date.	

Texas Water Development Board (TWDB)  
**Clean Water State Revolving Fund (CWSRF)**

**Project Information Form (PIF)**

Section 14. (Continued) ESTIMATED COSTS	
<b>Printed Name and Title of Entity's Authorized Representative</b>	<b>Telephone Number</b>
	xxx-xxx-xxxx
<b>Signature of Entity's Authorized Representative</b>	<b>Date (mm/dd/yyyy)</b>
<div style="font-size: 2em; font-weight: bold; text-align: center;">X</div> <hr style="width: 80%; margin: 5px auto;"/> <p style="text-align: center;">Authorized Representative</p>	<p>Enter date.</p>
If the grand total (Section 10, Line P) is <b>less than or equal to \$100,000</b> , include: <ul style="list-style-type: none"> <li>Statement establishing the basis for the project cost.</li> <li>Signature of system operator.</li> </ul>	If the grand total (Section 10, Line P) is <b>greater than \$100,000</b> , include: <ul style="list-style-type: none"> <li>Seal of registered Professional Engineer.</li> <li>Signature of registered Professional Engineer.</li> </ul>
<div style="font-size: 2em; font-weight: bold; text-align: center;">X</div> <hr style="width: 80%; margin: 5px auto;"/> <p style="text-align: center;">System Operator</p>	<div style="font-size: 2em; font-weight: bold; text-align: center;">X</div> <hr style="width: 80%; margin: 5px auto;"/> <p style="text-align: center;">Professional Engineer</p>
System Operator's Statement	Seal of registered Professional Engineer

This form must be completed in full to be considered for rating and inclusion in the CWSRF Program IUP.  
Incomplete forms will prevent projects from being rated.  
 For questions, contact: [CWSRF@twdb.texas.gov](mailto:CWSRF@twdb.texas.gov)

A Disadvantaged Community Worksheet must be submitted to be considered for CWSRF Disadvantaged Community Funding. TWDB staff will utilize the information provided on this worksheet to determine if the entity meets the eligibility criteria.

**Note:** Information that is not submitted as requested will not be considered.

**Section 1. ELIGIBILITY CRITERIA**

**Eligibility for the entire service area:** The entity’s service area meets the criteria for a disadvantaged community if the Annual Median Household Income (AMHI) for the entity’s service area is less than or equal to 75% of the state’s AMHI (see [Census Data Search \(WRD-284\)](#) and

- A. the household cost factor (HCF) is greater than or equal to 1.0% if the service area is charged for either water or sewer service (whichever is applicable), **or**
- B. the household cost factor (HCF) is greater than or equal to 2.0% if the service area is charged for both water and sewer service.

**Eligibility for a portion of service area:** A portion of an entity’s service area meets the criteria for a disadvantaged community if the AMHI for that portion is less than or equal to 75% of the state’s AMHI, **and**

- A. the household cost factor (HCF) is greater than or equal to 1.0% if the entire service area is charged for either water or sewer service (whichever is applicable), **or**
- B. the household cost factor (HCF) is greater than or equal to 2.0% if the entire service area is charged for both water and sewer service.

**Section 2. SERVICE AREA**

<p>Indicate whether the entity is pursuing disadvantaged status for either the <u>entire</u> service area or a <u>portion</u> of its service area. For entire service area projects, a map depicting the service area boundaries with major features (highways, census boundaries, city limit boundaries, etc.) <b>must</b> be included for eligibility. Entities are allowed disadvantaged eligibility for a portion of a service area if that portion meets annual median household income (AMHI) and household cost factor (HCF) thresholds pursuant to SRF rules. For portion of a service area eligibility, a map depicting the location of proposed new household connections (to existing homes) within the portion of an entity’s service area <b>must</b> be included for eligibility.</p>	Entire Service Area	<input type="checkbox"/>
	Portion of a Service Area	<input type="checkbox"/>

**Section 3. SOURCE SOCIOECONOMIC DATA**

**Identify the source(s) for the socioeconomic data to be entered in Section 4.**  
 Follow the steps in [Census Data Search \(WRD-284\)](#) to find data. Census data is based on the most recent available American Community Survey (ACS) 5-year Estimates.

<b>U.S. Census Bureau Data</b>	County, City, Town, or Census Designated Place:	Most recent (5-year) ACS <sup>1</sup>	<input type="checkbox"/>
		The prior (5-year) ACS (for Population) <sup>1</sup>	<input type="checkbox"/>
	Incongruous Census and Service Area Boundaries	Summary File 5-year block group data: Must provide a table that shows prorated data according to the example table in <a href="#">Census Data Search (WRD-284)</a> .	<input type="checkbox"/>
<b>TWDB-Approved Survey</b>	An entity must submit documentation that substantiates the inadequate or absent census data that led to the need to conduct a survey. All entities must obtain prior approval to use survey data instead of the most recent available American Community Survey data. Previously completed surveys, including surveys completed for funding from other sources, will be rejected if they do not follow survey methods listed in the latest version of the <a href="#">Socioeconomic Survey Guidelines (WRD-285)</a> . An approved survey may be considered valid for the five (5) year period (60 months) prior to the date the TWDB receives the Project Information Form.		<input type="checkbox"/>
	Date of Survey:	Enter date.	

**Section 4. SOCIOECONOMIC DATA**

<b>Annual Median Household Income (AMHI)</b>		<b>Unemployment Rate (UR)</b>		
<b>Average Household Size (AHS)</b>		<b>Population</b>	<b>Prior (5-year) ACS <sup>1</sup></b>	
			<b>Current (5-year) ACS <sup>1</sup></b>	

<sup>1</sup> Population Adjustment: For SFY 2026 use the 2020 ACS 5-year estimate for Prior population and use the 2023 ACS 5-year estimate for Current population; for SFY 2025 use the 2018 ACS 5-year estimate for Prior population and use the 2022 ACS 5-year estimate for Current population

**Section 5. AVERAGE ANNUAL WATER AND SEWER COSTS**

Using the Average Household Size entered in Section 4 and the entity's current rate structure, calculate the entity's average annual water and sewer costs. This information will be factored into the entity's affordability calculations.

Average Monthly Water Flow per Household		Average Monthly Sewer Flow per Household	
A. Avg. monthly gallons per person	2,325	L. Avg. monthly gallons per person	1,279
B. Avg. household size (for the entire service area)		M. Avg. household size (for the entire service area)	
C. Avg. monthly water flow per household (AxB)		N. Avg. monthly sewer flow per household (LxM)	
Average Monthly Water Bill		Average Monthly Sewer Bill	
D. Avg. monthly water flow per household (C)		O. Avg. monthly sewer flow per household (N)	
E. Initial base water rate (first <input type="text"/> gallons)		P. Initial base sewer rate (first <input type="text"/> gallons)	
F. Additional rate (each add'l. <input type="text"/> gallons)		Q. Additional rate (each add'l. <input type="text"/> gallons)	
If system utilizes a tiered billing structure, attach additional rates with this worksheet. Base Line H on tiered structure.		If system utilizes a tiered billing structure, attach additional rates with this worksheet. Base Line S on tiered structure	
G. Other charges (e.g., taxes, surcharges, or other fees) used to subsidize the water system		R. Other charges (e.g., taxes, surcharges, or other fees) used to subsidize the sewer system	
H. Calculate avg. monthly water bill		S. Calculate avg. monthly sewer bill	
Average Annual Water Bill		Average Annual Sewer Bill	
I. Avg. monthly water bill (H)		T. Avg. monthly sewer bill (S)	
J. Number of months in a year	12	U. Number of months in a year	12
K. Avg. annual water bill (IxJ)		V. Avg. annual sewer bill (TxU)	

**Section 6. ANNUAL LOAN COST**

Using the current market rate of 3.95% and a financial assistance term of 20 years, amortize the requested grand total and submit a copy of the amortization schedule with this form. This information will be factored into the entity's affordability calculations.

W. Annual payment on SRF loan (from amortization schedule)	
X. Total household connections (from Section 2 of Project Information Form)	
Y. Annual loan cost per customer (W/X)	

**Section 7. AFFORDABILITY ADJUSTMENTS**

Using the Unemployment Rate (UR) and Population Trends based on the ACS 5-year Surveys (Section 4), calculate the Household Cost Factor (HCF) adjustments for affordability criteria. Unemployment Rate Adjustment may not exceed an HCF increase of 0.75; and Population Adjustments may not exceed an HCF increase of 0.5

Z. Unemployment Rate Adjustments $([UR-State^1/State^1] * 2)$ (Only use if a positive amount)	
AA. Population Adjustments $[(Prior\ Population - Current\ Population)/Prior\ Population] * 6.7$ (Only use if positive amount, i.e., a decline)	

Population Adjustment: For SFY 2026 use the 2020 ACS 5-year estimate for Prior population and use the 2023 ACS 5-year estimate for Current population; for SFY 2025 use the 2018 ACS 5-year estimate for Prior population and use the 2022 ACS 5-year estimate for Current population

**Section 8. HOUSEHOLD COST FACTOR**

If your utility provides water or sewer service, the minimum required Household Cost Factor (HCF) must be greater than or equal to 1.00%. If your utility provides water and sewer service, the minimum required HCF must be greater than or equal to 2.00%. If the HCF does not meet the minimum required HCF, do not submit this worksheet.

BB. Household Cost Factor $[(K+V+Y)/AMHI]+Z+AA$	
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<sup>1</sup>State of Texas Unemployment Rate (Most recently available ACS 5-year Estimates) For SFY 2026 use 2020 as Prior and 2023 as Current; for SFY 2025 use 2018 as Prior and 2022 as Current.