



United States Department of Agriculture
Rural Development

PRE-APPLICATION INSTRUCTIONS COMMUNITY FACILITIES PROGRAM

A pre-application filed with USDA Rural Development must include the following items before it can be reviewed by the agency. In order to prevent delays in our evaluation of your request please contact Rural Development at the number above if you have any questions about these requirements:

1. **Pre-Application Form** - SF 424.1 (non-construction) or SF 424.2 (construction). Instructions for completing this form are attached to the form itself.
2. **Additional Information to Support Application** - Please provide a brief project narrative and related additional information utilizing the enclosed format. Also, provide a map of the entity's service area.
3. **Other Credit**. Applicants must provide written certification that they are unable to finance the proposed project either from their own resources or through commercial credit at reasonable rates and terms. Letters from commercial sources of credit or other information provided may be used to document this requirement.
4. **Organizational Documents**. Include one copy of your Charter, the order creating your special service district, or a certified copy of your articles of incorporation and bylaws, whichever apply to the applicant's organization. In addition, submit a current listing of names and addresses of board members/councilpersons/officers, etc. **An opinion letter from your legal counsel is also required and should state that the applicant is duly organized in the State of Montana and has the authority and power to execute and obtain loan and grant funds.**
5. **Financial Statements**. Include financial statements for the last two fiscal years and a current balance sheet. If audited financial statements are not available, attach copies of unaudited financial statements and budgets for the last three fiscal years.
6. **Supporting documentation of existing debt of the applicant organization**, such as copies of promissory notes or other debt instruments.
7. **Listing of other funding sources**. If funds have already been committed by other sources, please include supporting documentation.
8. **FORMS**
*Form RD 1910-11. Applicant Certification Federal Collection Policies for Consumer or Commercial Debts
RD Instruction 1940-Q Exhibit A-1 "Certification for Contracts, Grants and Loans"
Form SF-LLL "Disclosure of Lobbying Activities"
OMB 1890-0014 "Survey for Ensuring Equal Opportunity – Voluntary"*
9. **All applicants must provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements on or after October 1, 2003. Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711.**

Committed to the future of rural communities.

"USDA is an equal opportunity provider, employer and lender."
To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD).

Revised 4/15/2010

After the application materials are submitted to USDA Rural Development, eligibility and funding availability determination will be made and we will contact you with the results. If determined eligible, we will inform you of the next steps and arrange an application conference.

ADDITIONAL INSTRUCTIONS for FORM SF 424

- Block 1** Mark “Preapplication”
- Block 3** If your project has been assigned an Intergovernmental Review Process number, please enter it here.
- Block 4** Leave blank. For USDA office use only.
- Block 6** The applicant’s IRS Tax ID number (Begins with 91)
- Block 9** USDA Rural Development
- Block 10** Select the appropriate number from the list below.

<u>Number</u>	<u>Title</u>
10.760	Water & Waste Disposal Loan & Grant Program
10.766	Community Facility Loan & Grant Program
10.767	Intermediary Relending Program
10.768	Business & Industry Loan Program
10.769	Rural Business Enterprise Grants
10.763	Emergency Community Water Assistance Grants

- Block 15** Include all funding available or being requested as well as total project cost and the amount that applicant will contribute to project cost.
- Block 16** List name of local Clearinghouse or planning agency to which you have submitted the request for review.
- Block 18** The preapplication must be signed (in ink) by the governing head, i.e. Mayor, Chairman, President, etc. and dated.

BUDGET INFORMATION - If you are applying to other agencies for funding, please indicate these other sources of funds, and how the other agencies funds will be used. Total project cost (line 16) must match Block 15 on the front page of the form.

Additional Information to Support Application

Name of
Project: _____

Purpose of Project

(Purpose/Need): _____

How will the Proposed Project solve the problems identified
above? _____

Brief Description of Project

Physical Location of Project and Directions to the Site (please attach a map):

Estimated Cost of Project:

\$ _____

Sources of Funds:

USDA Loan \$ _____

USDA Grant \$ _____

Applicant Contribution \$ _____

Other Loan _____ \$ _____

Other Grant _____ \$ _____

Other _____ \$ _____

TOTAL of FUNDS (must equal Estimated Cost)

\$ _____

Estimated Annual Operating Cost of the system/facility: \$ _____

Existing Debts on the system/facility

<u>Name of Lender</u>	<u>Balance Owing</u>	<u>Interest Rate</u>	<u>Annual Payment</u>	<u>Annual Due Date</u>	<u>Final Security</u>
—					
—					
—					
—					

Proposed Security for your USDA loan

General Obligation Bonds \$ _____

Real Estate Mortgage \$ _____

Revenue Bonds \$ _____

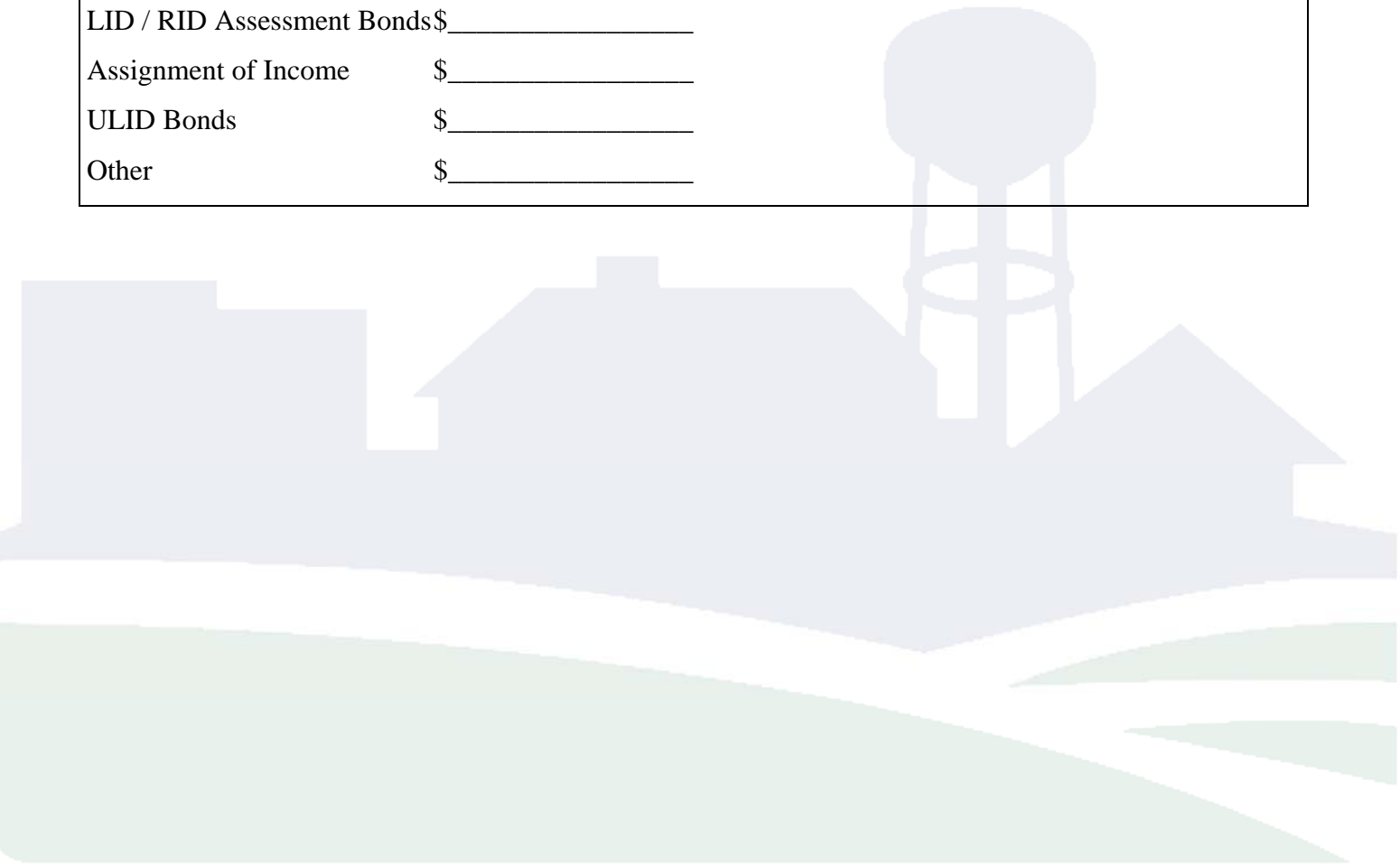
Chattel \$ _____

LID / RID Assessment Bonds \$ _____

Assignment of Income \$ _____

ULID Bonds \$ _____

Other \$ _____



Charges for services. Attach a rate schedule showing the amount customers will be charged for services.

Race/Ethnic Data of current users of the facility.

White _____ Black _____ American Indian _____ Asian or Pacific Islander _____ Hispanic _____
Other _____

Number of people to be served by proposed facility: _____

Number of employees: _____ Number of new jobs to be created:

Year applicant incorporated: _____ Year applicant began operating a similar facility:

Number of square feet in building: _____

For health care facilities: # of beds _____ Projected # days of inpatient care _____

Projected # of outpatient visits _____

List state, local and federal licenses, permits, certificates, etc. that will be needed to construct and operate the facility. Include the status of each, i.e. received, applied for, date you plan to apply, etc.

Name of license/permit/certificate

Status

<u>Name of license/permit/certificate</u>	<u>Status</u>

List any know environmental concerns, such as wetlands, floodplains, etc. and planned mitigation measures.

Mayor, Chairman of Board, etc.:

(Name) _____

Address: _____

Phone: _____ FAX: _____

Applicant's Contact Person:

(Name) _____

Address: _____

Phone: _____ FAX: _____

Engineer/Architect:

(Name) _____

Address: _____

Phone: _____ FAX: _____

Legal Counsel:

(Name) _____

Address: _____

Phone: _____ FAX: _____

Bond Counsel:

(Name) _____

Address: _____

Phone: _____ FAX: _____

Accountant:

(Name) _____

Address: _____

Phone: _____ FAX: _____

