



APPLICATION FORM **Drinking Water State Revolving Fund Loan Program (DWSRF)**

Return completed form to:
DWSRF Administrator
100 North Senate Avenue, Rm. 1275
Indianapolis, IN 46204

Section I. APPLICANT and SYSTEM INFORMATION

1. Applicant Name (community or water system name): Town of Lapel
2. Type of Applicant (check one):

<input checked="" type="checkbox"/> Municipality (City, Town, County, Township)	<input type="checkbox"/> For-profit Utility
<input type="checkbox"/> Regional Water District	<input type="checkbox"/> School
<input type="checkbox"/> Non-profit Water Corporation	<input type="checkbox"/> Other _____
3. Public Water Supply ID Number: IN5248013
4. Location of the Proposed Project: City / Town: Lapel
 County(ies): Madison Civil Township(s) : Stoney Creek & Green
 State Representative District: 35,88 State Senate District: 25 Congressional District: 5
5. Population Served (<https://myweb.in.gov/IDEM/DWW>): 2,498
6. Population Trend (<http://data.census.gov>): Increasing Decreasing
7. Median Household Income for Service Area (<http://data.census.gov>): \$79,778
8. Unemployment Rate Data (<http://data.bls.gov>): _____
9. Number of Connections (Current): 981 (Post-Project): 981
10. Current User Rate/4,000 gal.: \$44.68 Estimated Post-Project Rate/4,000 gal.: \$134 (without SRF Grants)
11. Average Residential User Bill for the last 12 months: \$39.72
12. Is the utility regulated by the Indiana Utility Regulatory Commission (IURC)?: Yes No
13. Applicant's Unique Entity Identifier¹: HGADJMVMLUF2
14. Does the Utility have any Interlocal agreements?: Yes No
 If yes, will they expire after final maturity of the SRF Loan?: Yes No
 If no, agreements will need to be renewed to ensure they expire after the final maturity of the SRF Loan.

Section II. CAPACITY DEVELOPMENT

Pursuant to the Safe Drinking Water Act, a DWSRF Loan Program Participant must certify that the Participant possesses the technical, managerial, and financial capacity to operate the water system or that the DWSRF Loan Program assistance will ensure compliance with the Safe Drinking Water Act (40 CFR 35.3520(d)(2)).

1. Does your system currently possess technical, managerial and financial capacity? Yes No
2. If no, will technical, managerial and financial capacity be achieved after the implementation of the water system's DWSRF project? Yes No

To assess the technical, managerial, and financial capacity of the water system, the Participant is encouraged to complete the "Indiana Department of the Environmental Management (IDEM) Capacity Development Self-Assessment", available at www.srf.in.gov.

¹ SRF Participants must register with the SAM.gov to secure a Unique Entity Identifier (UEI). For more information about how to obtain a UEI and register in SAM.gov, see www.srf.in.gov.
 By submitting this form, the Community is applying to multiple funding sources administered by the Authority, including the state Water Infrastructure Assistance Program. The Authority will determine the fund source that best serves the proposed project.

Section III. CONTACT INFORMATION

Authorized Signatory (an official of the Community or water system that is authorized to contractually obligate the applicant with respect to the proposed project):

Name: Chad Blake
Title: Council President
Address: 1011 North Main Street
City, State, Zip Code: Lapel, IN 46051
Telephone # (include area code): 765-534-3157
E-mail: chad@lapelindiana.org

Applicant Staff Contact (person to be contacted directly for information if different from authorized signatory):

Name: _____
Title: _____
Address: _____
City, State, Zip Code: _____
Telephone # (include area code): _____
E-mail: _____

Certified Operator:

Name: Brandon Hutchison
Telephone # (include area code): 765-810-4995
E-mail: brandon@lapelindiana.org

Grant Administrator (if applicable):

Contact: Michael Kleinpeter
Firm: Kleinpeter Consulting Group, LLC
Address: PO Box 37
City, State, Zip Code: WHITELAND, IN, 46184
Telephone # (include area code): 812-525-7080
E-mail: mike@kleinpeterconsulting.com

Consulting Engineer:

Contact: Dan Cutshaw, PE
Firm: CDS Engineers, Inc.
Address: 7602 Woodland Drive, Suite 210
City, State, Zip Code: Indianapolis, IN 47278
Telephone # (include area code): 317-508-5343
E-mail: dcutshaw@cdseng.com

Bond Counsel:

Contact: Brenda DeVries
Firm: Bose & McKinney
Address: 2700 First Indiana Plaza, 135 North Pennsylvania St
City, State, Zip Code: Indianapolis, IN 46204
Telephone # (include area code): 317-684-5307
E-mail: bdevries@boselaw.com

Financial Advisor:

Contact: Jarrod Hall
Firm: Krohn & Associates
Address: P.O. Box 247
City, State, Zip Code: Westfield, Indiana 46074
Telephone # (include area code): 317-867-5888
E-mail: jhall@owkcpa.com

Local Counsel:

Contact: Jeff Graham
Firm: Graham, Farrer, and Wilson PC
Address: 1601 S Anderson St
City, State, Zip Code: Elwood, IN 46036
Telephone # (include area code): 765-552-9878
E-mail: jgraham@gfwlawyers.com

3. Project Cost Estimate:

Source (intake or wells)	\$ 0
Treatment	\$ 0
Storage	\$ 0
Distribution/Transmission	\$ 5,346,000
Other: <u>Lead Service Line Replacements</u>	\$ 2,750,000
TOTAL CONSTRUCTION:	\$ 8,096,000
Non-construction Costs	\$ 956,000
TOTAL ESTIMATED PROJECT COST:	\$ 9,052,000

Other Funding Sources:

	Application Submittal (date)	Amount Requested (dollars)	Amount Awarded (if applicable)
Office of Community and Rural Affairs			
U.S. Dept. of Commerce Economic Development Administration			
U.S. Dept. of Agriculture Rural Development			
Local Funds			
Other: _____			

4. Will this project proceed if other funding sources are not in place?: Yes No

5. Anticipated SRF Loan Amount (after other funding): \$ 9,052,000

Section V. ADDITIONAL FINANCIAL QUESTIONS

Please confirm your answers with the utility's legal and financial advisers prior to submitting your responses.

A. Will this SRF loan be repaid from net revenue of the applicant's utility being improved by the SRF project?:

Yes No

Are there any other debt obligations of this utility (i.e., bank loans, guarantee savings contracts, installment payment contracts, bank or financing purchase leases, loans from other utilities of the applicant)?

Yes No

Is an estimated debt service coverage percentage currently available (coverage is computed by taking Net Revenues and dividing it by maximum annual debt service inclusive of both the planned new and any outstanding revenue bonds)?

Yes No

if available, the coverage estimate is 125 percent.

Please know that prior to any loan preclosing, a formal pro forma coverage showing of at least 125% is required by SRF.

B. Will net revenues be the sole source of repayment? Yes No

If "no" was marked in Questions A and B, then please answer the following additional questions:

- What is the planned source(s) to provide funds to make SRF loan repayments? Check below as applicable:

property taxes. If checked:

- Is a preliminary determination & remonstrance process under IC 6-1.1-20 required?
 Yes No
- Has that preliminary determination & remonstrance process under IC 6-1.1-20 been completed?
 Yes No

tax increment revenues. If checked:

- Has a TIF area already established? Yes No

If already established:

- 1) Please provide history of tax increment revenues (at least five (5) years)
- 2) Provide a schedule of projected tax increment revenues, debt service (which includes existing obligations pledged with tax increment revenues) and a showing that the 125% coverage requirement is met.

other (describe: _____).

C. Will proceeds be used to payoff an existing BAN? Yes No

- if "yes", provide amount of the payoff _____.
- And, provide the purpose for which the BAN was used: Construction Non-construction

If Construction is selected, the subject of the BAN will require SRF review prior to construction.

Section VI. SIGNATURE

I certify that I am legally authorized by the legislative body to sign this application. To the best of my knowledge and belief, the foregoing information is true and correct.



Signature of Authorized Signatory (Community Official)

Chad Blake

Printed or Typed Name

Council President

Title of Authorized Signatory

3-19-2026

Date