

General Application

775 Summer St NE, Suite 200
Salem, OR 97301-1280

Applicant

City of Hubbard

Name

93-0554149

Federal Tax ID Number

3720 2nd Street, Hubbard OR 97032

Street Address

P.O. Box 380, Hubbard OR 97032

Mailing Address

Organization Type:

☒ City

☐ County

☐ Special District under
ORS _____

☐ Port District under
ORS _____

☐ Tribe

Melinda Olinger

Contact Name

(Person we should contact with project questions)

Public Works Administrative Manager

Title

503-982-9429

Phone Number

Fax Number

molinger@cityofhubbard.org

Email Address

Representation (Information may be found at www.leg.state.or.us/findlegsltr)

09

Senate District Number

Senator Fred Girod

Senator's Name

18

House District Number

Representative Rick Lewis

Representative's Name

Project Information

2021 Wastewater Facilities Plan Update

Project Name: (e.g., Stayton Water System Improvements)

Opportunity/Problem

Briefly describe the opportunity or problem facing the applicant:

The City's current facilities plan was completed in 2002, and is outdated. The City has experienced significant growth since 2002. In addition, a substantial subdivision development is currently in the planning stage, to be located in the southwest corner of the City. The updated facility plan will take this new subdivision and other future growth potential into consideration. In addition, the City's NPDES permit is currently in the process of renewal. Completing both the Wastewater Facility Plan update and the NPDES permit renewal simultaneously is an opportunity to address all new permit requirements into the planning document.

Response to Opportunity/Problem

Briefly describe the major alternatives considered to address this opportunity or problem:

There are no other viable options to address the stated problem.

Detailed Project Description

Clearly describe the proposed project work to be accomplished:

The purpose of this project is to provide a planning document which determines the required capabilities of the wastewater system, identifies current or anticipated deficiencies relative to those requirements, reviews alternative approaches for correcting deficiencies, and develops a Capital Improvement Plan (CIP). The CIP will recommend specific alternatives based on a matrix of cost and non-cost metrics and when those projects should be completed. The document will be submitted for review and approval by DEQ.

Project Work Plan

List project activity milestones with estimated start and completion dates. Identify estimated date of first cash draw:

Activity	Estimated Date	
	Start	Completion
Project Kickoff/Site Visit	Oct 1, 2021	Oct 1, 2021
Information collection/review; flow rate & pollutant loading eval; regulatory review (DEQ-NPDES Permit).	Jan 1, 2022	Apr 30, 2022
Collection & treatment system eval; develop recommended alternative & capital improvement plan; review of funding mechanisms.	Apr 1, 2022	May 31, 2022
90% draft plan submittal	May 1, 2022	May 31, 2022
DEQ approved plan	Jul 1, 2022	Jul 31, 2022

Estimated First Draw Date: Jun 1, 2022

Project Budget

List individual project budget line items with requested budgeted amounts by IFA and non-IFA funding sources. Change budget column labels to identify the specific requested IFA funding sources. Non-IFA sources are those funds other than those requested from IFA.

Please be aware that the award loan amount will be subject to a less than 1% issuance fee if the loan is included in the Oregon Bond Bank. Please contact Business Oregon for additional information.

Budget Line Item (Adjust budget items to suit the project) <i>Below are general items most used</i>	IFA Funding		Non-IFA	Total
	Source 1	Source 2	Funds	
Engineering/Architecture	\$20,000	\$0	\$133,050	\$153,050
Construction				0
Construction Contingency				0
Land Acquisition				0
Legal				0
Construction Management				0
Other (Specify)				0
Other (Specify)				0
Other (Specify)				0
Other (Specify)				0
Totals	20,000	0	133,050	153,050

Details of Non-IFA Funds

Source of Non-IFA Funds	Amount	Status: C-Committed, A-Application S-Submitted, AI-Application Invited, PS-Potential Source	Dates Required Funds will be Committed and Available
City Funds	\$133,050	C	07/01/2021
Totals	133,050		

If "Non-IFA funds" include USDA Rural Development funding that will require interim financing, please indicate the source of the interim financing.

General Certification

I certify to the best of my knowledge all information, contained in this document and any attached supplements, is valid and accurate. I further certify that, to the best of my knowledge:

1. The application has been approved by the governing body or is otherwise being submitted using the governing body's lawful process, and
2. Signature authority is verified.

Check one:

- ☒ Yes, I am the highest elected official. (e.g., Mayor, Chair or President)
- ☐ No, I am not the highest elected official so I have attached documentation that verifies my authority to sign on behalf of the applicant. (Document such as charter, resolution, ordinance or governing body meeting minutes must be attached.)

The department will only accept applications with proper signature authority documentation.

Signature	February 8, 2022
Charles Rostocil	Mayor
Printed Name	Printed Title

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Concept Number	Intake Approval Date
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Project Type:

- | | | |
|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Planning | <input type="checkbox"/> Construction | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Design | <input type="checkbox"/> Design & Construction | |

Application Supplement for Water/Wastewater Financing Program Technical Assistance Project

Applicant: **City of Hubbard**

Project Name: **2021 Wastewater Facilities Plan Update**

Section I: Ownership / Operation

- A. What is the street address of the property or physical location of the improvements that will be addressed by this technical assistance project?

Throughout the city limits.

- B. Will the applicant own the potential drinking water, wastewater, or storm drainage construction project that is the subject of this technical assistance project, once it is constructed? ☒ Yes ☐ No

If no, describe other ownership:

- C. Will the applicant operate and maintain the facility / improvements once they are constructed? ☒ Yes ☐ No

If no, describe:

- D. Will a private business have a special legal entitlement to the potential drinking water, wastewater, or storm drainage project if it is constructed / completed? (e.g., through either a transfer of ownership, management contract, special rates / charges, or priority for use) ☐ Yes ☒ No

If yes, describe:

Section II: Program Requirements / Project Information

- A. If a specific site or property will be the subject of all or part of this technical assistance project, is the proposed use in conformance with the current acknowledged land use comprehensive plan? *See Attachment C.* ☐ Yes ☒ No

If no, explain:

- B. **For drinking water projects:** Are all service connections to the drinking water system metered? ☐ Yes ☐ No

If no, explain:

- C. **For wastewater projects:** Is the project in preparation for wastewater or storm drainage treatment facilities which will discharge effluent into a "water quality limited" stream that the Department of Environmental Quality (DEQ) has not yet established the Total Maximum Daily Load standards (TMDLs)? ☐ Yes ☒ No

If yes, has a consultation with DEQ been completed to determine if the project can be designed and constructed without established TMDLs? ☐ Yes ☐ No

If yes, attach documentation of DEQ consultation as Attachment D.

- D. Describe the experience of the individual who will be responsible for day-to day management of this technical assistance project and ensuring its completion within defined timeframes.

Matt Wadlington, Civil West Engineering (see attached resume)

Section III: Budget Information

- A. Who prepared the cost estimates for the project?

Name: Matt Wadlington

Title: P.E. Principal, Willamette Valley Regional Manager

Company: Civil West Engineering Services, Inc.

Phone Number: 541.266.8601

Date of project cost estimate: September 24, 2021

Section IV: Financial Information - *Complete only if funding request includes a loan*

- A. What sources of revenue are being pledged to repay a loan?

- B. Is other debt serviced or secured by those revenues?

☐ Yes ☐ No

If yes, is the other debt described in the applicant's audit reports?

☐ Yes ☐ No

If no, describe:

- C. Has the applicant ever defaulted on a debt?

☐ Yes ☐ No

If yes, provide a complete summary of the circumstances related to the default.

- D. Is there actual / pending litigation that could impair the applicant's ability to repay debt?

☐ Yes ☐ No

If yes, describe:

Attachments

Attachment Description		For IFA Use (Attached?)
Attachments A and B are Required with all Applications		
A	Map(s) showing the location of the project and delineation of the boundaries of the utility system's service area.	<input type="checkbox"/>
B	Documentation that the facilities plan, master plan, or study is required by a regulatory agency. For all other technical assistance projects, attach documentation of project support from the regulatory agency.	<input type="checkbox"/>
Check If Applicable	Check box at left and include any of the following attachments that are applicable to the project proposal	
<input type="checkbox"/>	C If a specific site or property will be the subject of all or part of this technical assistance project, include documentation from the appropriate entity (city or county) which indicates the project is consistent with the acknowledged local comprehensive plan.	<input type="checkbox"/>
<input type="checkbox"/>	D If project is in preparation for a wastewater treatment facility which will discharge into a water quality limited stream(s), but TMDLs have not yet been established for the stream by the Department of Environmental Quality (DEQ), attach documentation which indicates that DEQ has determined the project can be constructed without the establishment of TMDLs.	<input type="checkbox"/>
<input type="checkbox"/>	E If the project overlaps municipal boundaries, attach an executed copy of an intergovernmental cooperation agreement which sets out the duties and obligations of each entity.	<input type="checkbox"/>
<input type="checkbox"/>	F If funding request includes a loan, and the applicant's last three audit reports are not available at the Secretary of State website: http://www.sos.state.or.us , attach copies of the applicant's audit reports.	<input type="checkbox"/>
<input type="checkbox"/>	G If funding request includes a loan, complete the Schedule of Pro Forma Revenues and Expenditures for the applicable fund(s) that will be pledged to repay the loan for each of the next five years and any underlying assumptions used (<i>see Attachment C</i>).	<input type="checkbox"/>

Schedule of Pro Forma Revenues and Expenditures

Attachment C

Pro Forma	Current FY	1	2	3	4	5
1 Year (ending June 30)		1	2	3	4	5
2 Beginning Fund Balance		0	0	0	0	0
Operating Revenues						
3 Primary Revenue Source						
4 Other Revenue Source 1						
5 Other Revenue Source 2						
Total Operating Revenues	0	0	0	0	0	0
Operation, Maintenance & Replacement (OM&R) Expenses						
6 Personal Services						
7 Materials & Services						
8 Other Operating Expenses						
Total Operating Expenses	0	0	0	0	0	0
Debt Services						
Funds Avail for Debt Service	0	0	0	0	0	0
9 Existing Debt 1						
10 Existing Debt 2						
11 Other Proposed Debt						
Total Debt Service	0	0	0	0	0	0
Other Activities						
Cash Avail After Debt Service	0	0	0	0	0	0
12 Loan Proceeds / Drawdowns						
13 Capital Outlay						
14 System Replacement Reserves						
15 Other Non-Operating Activity						
Net Other Activity	0	0	0	0	0	0
16 Net Transfers IN (OUT)						
17 Adjustments						
Net Transfers & Adjustment	0	0	0	0	0	0
Ending Fund Balance	0	0	0	0	0	0
18 Connections						
19 EDUs						
20 Monthly Rate per EDU						

Please contact your RDO if you have questions completing this form.

Primary revenue source (e.g., user charges).

Include, on lines 4 or 5, revenues such as taxes, hook-up fees and rent/lease income. Do not include interest, SDCs, etc., in this section; rather, enter these revenues on line 15.

Include short-lived asset replacement with a useful life of 15 years or less. Do not include capital outlay, transfers, depreciation, etc; rather, enter these revenues to lines 12–17.

Enter and specify annual debt service amounts for existing and proposed debt support by this fund, including any proposed non-IFPA debt for this project, e.g., USDA, DEQ, etc.

Anticipated drawdown schedule for requested loans. Include capital outlay for this project. Anticipated contributions for system replacement. Asset sales, SDCs, interest income (specify†).

Include transfers to reserve accounts (specify†). Explain any adjustments

†Describe any assumptions used in calculating above figures, such as changes in user rates, EDU/connection growth, loan repayments, operating expenses, transfers, adjustments: