



## RURAL INFRASTRUCTURE LOAN (RIP) PROGRAM

Please submit application along with the supplemental information in checklist below:

1.  Contact Information
  2.  Project Summary Information
  3.  Project Information
  4.  Financial Information (*Supplemental Information Requested Below*)
  5.  Proposed Project Budget
  6.  Supplemental Documentation Requested
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- Prior 3 Years of Financial Statements Attached (*Only required if the entity does not file with the State Auditor's Office*)
- Rate Resolution/Ordinance for Pledged Funds

If you have any questions or need assistance completing the application, please contact NMED at (505) 469-3459 or by email at [nmenv-cpbinfo@state.nm.us](mailto:nmenv-cpbinfo@state.nm.us).

**SECTION 1  
CONTACT INFORMATION**

**Primary Contact Person:**

**Title:**

**Address:**

**City, State, Zip**

**E-mail address:**

**Phone Number:**

**Alternate Contact Person:**

**Title:**

**Address:**

**City, State, Zip**

**E-mail address:**

**Phone Number:**

**SECTION 2  
PROJECT SUMMARY INFORMATION**

1. **Name of Entity** (*Name as listed with the New Mexico Secretary of State*):

2. **Type of Entity** (*i.e. MDWCA, Town, Village, City, County*):

Village

City

Town

County

MDWCA

Other (*Please Specify*)

3. **Type of Project:**

Water

Solid Waste

Wastewater

Other (*Please Specify*)

4. **Population served by the project:**

5. **Number of households/connections served by the project:**

6. **Projected number of connections the improvements would add to the system**  
(*if applicable*):

**SECTION 3  
PROJECT INFORMATION/DESCRIPTION**

1. Describe the problem and the proposed solution. Also describe the existing facilities including size, condition, age, and capacity if known.

2. Will additional property need to be acquired for the proposed project? If so, will RIP funds be used to purchase the land or easements?

3. Please indicate all, if any, of the following documents that have been completed for the proposed project? *(If complete, please provide with application.)*

Preliminary Engineering Report (PER)

Plans and Specifications

4. Does the applicant have any current enforcement actions from any NMED Bureau including Drinking Water, Ground Water or from EPA Region VI? Please include the Agency that issued the enforcement action and the violations included.

5. Will the funds result in a complete/operational project? If not, further clarification of how the project will be completed must be provided.

**SECTION 4  
FINANCIAL INFORMATION**

1. **Estimated total funding needed** *(Include all costs including engineering/construction/ etc.):*

2. **What funds will the entity use to repay the loan?**

3. **Monthly User Rates:**

Monthly water charge for 6,000 gallons and number of **residential** users.

Monthly water charge for 6,000 gallons and number of **commercial** users.

Monthly wastewater charge for 6,000 gallons and number of **residential** users

Monthly wastewater charge for 6,000 gallons and number of **commercial** users.

4. **Please provide dollar amounts of delinquent accounts that may be collected.**





**SECTION 5  
PROJECT BUDGET FORM**

<b>CLASSIFICATION</b>	<b>NMED- RIP Program</b>	<b>OTHER FUNDS</b>	<b>TOTAL</b>
Administrative Expenses- NMED	Ineligible		
Engineer Fees			
Other Professional Service Fees			
Inspection Fees			
Property Acquisition			
Construction Cost			
Planning Cost			
Equipment			
Other Costs (specify)			
Contingencies			
<b>TOTAL:</b>			