

ENTITY NAME _____ ST/CNTY _____ ID NUMBER _____			TYPE OF ASSISTANCE																																															
APPL/BORR TYPE _____ () () () ()			FACIL ID _____ FND RQST NO _____		LN NO _____ GR NO _____																																													
FIPS STATE CODE _____ NAME _____			PURPOSE OF FUNDS _____																																															
FIPS COUNTY CODE _____ NAME _____			SECURITY (CODE) _____																																															
FIPS PLACE CODE _____ NAME _____			PRIORITY WT _____		NQ. PROJ. MERGED _____																																													
FACILITY LOCATION _____ FIPS PLACE CODE _____			MEDIAN INCOME _____		POPULATION SERVED _____																																													
ST. INTERGOV'T CONSULTATION ID NO. _____			SOURCE OF FUNDS _____		FUND AUTHORIZATION _____																																													
COUNTY OFFICE _____			ENVIRONMENTAL IMPACT: _____ CODE _____		YR. _____																																													
DISTRICT OFFICE CODE _____			DATE PROJECT SUMMARY SENT TO N.O. _____		EST. VALUE OF EXISTING FACILITIES _____																																													
APPLICANT BUSINESS OFFICE _____			<table border="1"> <tr> <th colspan="2">FUNDING DATA</th> <th>(OBLG)</th> <th>(CLOS.)</th> </tr> <tr> <td>LOAN AMT</td> <td>\$. _____</td> <td>TYPE OF INT: _____</td> <td>_____</td> </tr> <tr> <td>GRANT AMT</td> <td>_____</td> <td>INT. RATE: _____</td> <td>_____</td> </tr> <tr> <td>BOR. FND</td> <td>_____</td> <td>MATURITY</td> <td>_____</td> </tr> <tr> <td>PRIVATE/COMM. FND</td> <td>_____</td> <td colspan="2">TOTAL DEOBLG. _____</td> </tr> <tr> <td>EPA FUNDS</td> <td>_____</td> <td>LOAN \$ _____</td> <td>REASON _____</td> </tr> <tr> <td>REG. COMM. FND</td> <td>_____</td> <td>GRANT \$ _____</td> <td>REASON _____</td> </tr> <tr> <td>ST/CNTY FND</td> <td>_____</td> <td colspan="2">TOTAL DEOBLG. SFY _____</td> </tr> <tr> <td>OTHER FUNDS</td> <td>_____</td> <td>LOAN \$ _____</td> <td>REASON _____</td> </tr> <tr> <td>(SOURCES) () () ()</td> <td>_____</td> <td>GRANT \$ _____</td> <td>REASON _____</td> </tr> <tr> <td>TOTAL FACILITY COST \$ _____</td> <td>_____</td> <td colspan="2">_____</td> </tr> </table>				FUNDING DATA		(OBLG)	(CLOS.)	LOAN AMT	\$. _____	TYPE OF INT: _____	_____	GRANT AMT	_____	INT. RATE: _____	_____	BOR. FND	_____	MATURITY	_____	PRIVATE/COMM. FND	_____	TOTAL DEOBLG. _____		EPA FUNDS	_____	LOAN \$ _____	REASON _____	REG. COMM. FND	_____	GRANT \$ _____	REASON _____	ST/CNTY FND	_____	TOTAL DEOBLG. SFY _____		OTHER FUNDS	_____	LOAN \$ _____	REASON _____	(SOURCES) () () ()	_____	GRANT \$ _____	REASON _____	TOTAL FACILITY COST \$ _____	_____	_____	
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OTHER FUNDS	_____	OTHER FUNDS	_____																																															
MANAGER _____			BOND COUNSEL _____																																															
ENGINEER/ARCHITECT _____			_____																																															

(FOLD ON DOTTED LINE)

CONTRACTOR NAME, CONTRACT NO. DESCRIPTION OF WORK & AMOUNT	COMPLETION DATES	CURRENT STATUS	LOAN	DATE	AMOUNT
			GRANT	DATE	AMOUNT
DATE OF PREFINAL INSPECTION _____ DATE OF SUBSTANTIAL COMPLETION _____	DATE OF PREFINAL INSPECTION _____ DATE OF SUBSTANTIAL COMPLETION _____	TRACKING INFO.			
		PREAPPL. REC'D	DATE _____	LN. AMT. _____	GR. AMT. _____
DATE OF PREFINAL INSPECTION _____ DATE OF SUBSTANTIAL COMPLETION _____	DATE OF PREFINAL INSPECTION _____ DATE OF SUBSTANTIAL COMPLETION _____	OBLIGATED			
		INTERIM FINAN.	_____	_____	_____
DATE OF PREFINAL INSPECTION _____ DATE OF SUBSTANTIAL COMPLETION _____	DATE OF PREFINAL INSPECTION _____ DATE OF SUBSTANTIAL COMPLETION _____	AGENCY CLOSED			
		OPERATIONAL	_____	_____	_____
DATE OF PREFINAL INSPECTION _____ DATE OF SUBSTANTIAL COMPLETION _____	DATE OF PREFINAL INSPECTION _____ DATE OF SUBSTANTIAL COMPLETION _____	COMMENTS:			
		APPEAL IND.	APPEAL FY		
JOBS:	HEALTH CARE:	FEES AND COSTS	DEVELOPMENT		EQUIPMENT
			LAND AND RIGHTS		CONTINGENCIES
LEGAL SERVICES			REFINANCING		
ARCH/ENG R/FEES			INITIAL O&M		
CAPITAL INTEREST			INITIAL RESERVE		
CREATED	PROJECTED DAYS CARE	SYSTEM ID	WATER SYSTEM		
SAVED	PROJECTED OUTPATIENT VISIT		WASTE SYSTEM		
TOTAL	TOTAL SQUARE FEET		SOLID WASTE		

CF SUBSIDIARY TRACKING

TYPE	SIC	NBR	UNIT-CD	BEFORE	AFTER	RURAL DEVELOPMENT	AMOUNT
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

