

# APPLICANT'S NARRATIVE & FEASIBILITY REPORT

Community Facility Program  
Loans, Grants and Loan-Grant Combinations

**Applicant's Name:** \_\_\_\_\_

**Amount Requested from Rural Development:** \$\_\_\_\_\_ **Loan** \$\_\_\_\_\_ **Grant**

**Please fully complete all questions. Please do not use N/A.** Your application may be delayed if this narrative is incomplete. To best help you, we need a complete picture of your current situation and what you propose.

- 1. What service** does your organization provide? Describe services at the proposed facility and other facilities which you may operate.
  
  
  
  
  
  
  
  
  
  
- 2. Service Area.** Indicate what area the proposed facility will serve and, if known, list the population and/or number of families.
  
  
  
  
  
  
  
  
  
  
- 3. Existing Facility/Equipment.** Briefly describe what facilities or equipment you currently have or how service is currently provided.
  
  
  
  
  
  
  
  
  
  
- 4. Proposed Facility/Equipment.** Describe what you want to purchase and/or construct. Indicate what the facility or equipment will be used for, approximate size, and expected method of procurement. For projects which involve construction, indicate location, size of site, basic materials or type of construction, and attach a sketch, site plan and/or working drawings. For items of major equipment, indicate new or used, existing or custom-built, or special features. Address what, if any, alternatives were considered in developing this project.

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**5. Need for Facility and/or Equipment.** Indicate why the proposed facility is needed. Include comments regarding the following: similar facilities and services in the area, usage trends, community support and regulatory agency approval. If the facility will provide an expansion of service, please explain.

**6. Cost Estimate.**

|                              |    |       |
|------------------------------|----|-------|
| Development and Construction | \$ | _____ |
| Land and Rights              | \$ | _____ |
| # acres owned                | \$ | _____ |
| to be purchased              | \$ | _____ |
| Legal Fees                   | \$ | _____ |
| Architect/Engineer           | \$ | _____ |
| Equipment/Furniture          | \$ | _____ |
| Interim Financing Costs      | \$ | _____ |
| Contingency                  | \$ | _____ |
| <u>Total</u>                 | \$ | _____ |

**7. Construction/Procurement.** Describe the current status or plans for construction/procurement such as design, vendor/contractor solicitation, etc. for the project. Note that federal funding requires maximum open and free competition which typically includes public bidding for construction projects and solicitation of at least three quotes for equipment procurement.

**8. Service to persons with disabilities.** Please indicate whether your proposed project, when completed, will result in your services being fully accessible to persons and employees with disabilities. If not, to be eligible for funding you must work with a person knowledgeable regarding accessibility requirements to complete a self-evaluation and transition plan. This can be obtained at the RD website with other application materials.

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9. **Financial Feasibility.** If a Financial Feasibility Report has been prepared, please provide a copy. The Financial Feasibility must include the following items. If you do not have a Financial Feasibility Report, or the Financial Feasibility Report does not contain the following items, please provide\*:

- **Attachment A** to this Narrative - **Schedule of Existing Debt.**
- Discuss all sources of expected revenue and any additional operating expenses associated with the new facility.
- Explain all assumptions used in preparing the projections including changes in usage, rate structure and depreciation.
- **Accounting System** (*loan applicants only*). Provide a brief description of your accounting system.

**For further details regarding financial information needed, please refer to #3 FINANCIAL INFORMATION in the APPLICATION GUIDE.**

**\* You may be asked to have a financial feasibility report prepared and an examination opinion provided. Please contact your Rural Development Loan Specialist for a determination.**

10. **Other Funds.** List the source and amount of funds that are available other than Rural Development, to fund the project. (Such as applicant contribution, commercial loan, loans/grants from other Government agencies or foundations, fundraising or gifts .)

| Source | \$ Amount | Status of Commitment |
|--------|-----------|----------------------|
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11. **Other Credit.** All applicants must certify that other funding from their own resources or through commercial credit is not available to finance this project. Provide a summary of **specific** attempts made to obtain financing. Describe your project to the commercial lender and ask what financing is available. Advise the lender that you intend to submit an application to Rural Development. Let the lender know Rural Development can partner with them to finance your project through the Communities Facilities Guaranteed Loan Program. If your organization has cash reserves, please explain if these are not available to support the project.

12. **Board Members.** Attach a list showing the name, address, telephone number, and term of office for each member of the governing body.

13. **Do any members of the governing body or employees of your organization** have any immediate family members, known relatives or close associates who are USDA/Rural Development employees? If so, please list below or attach a list.

14. **Professional Consultants.** If applicable, indicate name and contact information (address, telephone, e-mail) for

**Local/Bond Counsel:**

**Engineer:**

**Architect:**

**Accountant:**

**Other:**

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**15. System for Award Management (SAM) Registration:**

For an application to be considered complete, SAM Registration is required. To find out how to register in SAM please go to [www.sam.gov](http://www.sam.gov)

*(It is important to begin this register immediately. It usually takes 3-5 days for registration to be completed.)*

On **April 4, 2022**, the unique entity identifier used across the federal government changed from the DUNS Number to the Unique Entity ID (generated by SAM.gov).

- The Unique Entity ID is a 12-character alphanumeric ID assigned to an entity by SAM.gov.
- As part of this transition, the DUNS Number has been removed from SAM.gov.
- Entity registration, searching, and data entry in SAM.gov now require use of the new Unique Entity ID.
- Existing registered entities can find their Unique Entity ID by following the steps [GSAFSD Tier 0 Knowledge Base - How can I view my Unique Entity ID?](#)
- New entities can get their Unique Entity ID at SAM.gov and, if required, complete an entity registration.

**Have you registered for SAM? YES \_\_\_ NO \_\_\_ Process Started on (date) \_\_\_\_\_**

**What is your Cage Number? \_\_\_\_\_**

**What is your Unique Entity ID Number? \_\_\_\_\_**

16. If you are a Non-Profit, please attach form **Evidence of Community Support**.

17. If you are a Public Body, please attach form **Public Body Certificate of Organization**.

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The above information was completed by:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

I certify that I have reviewed the above information and it is true and accurate to the best of my knowledge:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** **Authorized Representative or Chair of Governing Board**

**Thank you for completing this Applicant's Narrative. Understanding your needs and proposed project will help us provide you with the best service possible.**

USDA is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).