



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM  
FINANCIAL ASSISTANCE CENTER STATE  
REVOLVING FUND

## APPLICANT ASSURANCE OF AVAILABILITY OF THE LOCAL SHARE OF PROJECT FUNDING

I hereby certify that funds to finance any SRF ineligible expenses or cost overruns of the project that exceed the final funding amount will be available within 90 days of loan closing and/or grant award, and that the following information (including any attached pages) is complete and true.

1. **Source of funds** *(Insert name of bank account, name of bank providing a loan, etc. Example – Water/Sewer Fund, General Expenses Fund, name of bank, etc.)*
  
2. **Amount of funds** *(Insert amount of funds that the system/city/District has available for ineligible project costs PLUS funds the system/city/District has available in the event of change orders or cost overruns during construction that exceed the final funding amount)*
  
3. **Financial arrangements completed to date** *(The money is in the bank and readily available, a line of credit is established, etc.)*
  
4. **Future actions required to obtain the funds, and a schedule for these actions** *(Insert procedures, if any, that need taken to enable the use of the above funds. Example – any action needed by the board/council/alderman, still need to secure funding from the bank, etc.)*

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Authorized Representative of the Applicant

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Legal Name of Applicant

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Date