

# Water Infrastructure

## FINANCING PROGRAMS



Vermont  
Bond Bank



VERMONT WATER & WASTEWATER REVOLVING LOAN FUNDS

## State Revolving Loan Programs

**IMPORTANT:** Please select the Type of Entity and Loan Type(s) before completing the application. This information is used to set up the rest of the form. This form **MUST** be completed electronically, handwritten applications will not be accepted.

Select the Type of Entity this application is for:

- Municipality, Fire District, or other similar entity  
 Homeowners Association, LLC, Proprietorship, 501(c)3 Non-Profit, or other similar entity

### LOAN TYPE

*This section may be completed by engineer or applicant*

A draft. Do not submit a draft ESA with this loan application.

This loan will be used for (select all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Step I Drinking Water Loan (Feasibility & Planning) | <input type="checkbox"/> Step I Clean Water Loan (Feasibility & Planning) |
| <input type="checkbox"/> Step II Drinking Water Loan (Final Design)          | <input type="checkbox"/> Step II Clean Water Loan (Final Design)          |
| <input type="checkbox"/> Step III Drinking Water Loan (Construction)         | <input type="checkbox"/> Step III Clean Water Loan (Construction)         |
| <input type="checkbox"/> Drinking Water Loan Amendment                       | <input checked="" type="checkbox"/> Clean Water Loan Amendment            |
| <input type="checkbox"/> Municipal Source Water Protection Loan              | <input type="checkbox"/> CWSRF Interim Financing                          |
|  | <input type="checkbox"/> Pollution Control or ARPA Grant                  |

ANR Online Submission ID from the "Engineering Services Agreement Review and Approval" form:

HQ3-KH8P-93Z64

### APPLICANT INFORMATION

*This section may be completed by engineer or applicant*

LOAN APPLICANT		DATE OF APPLICATION	
Town of Richmond, Vermont		6/20/2024	
SYSTEM NAME	WSID NUMBER	WASTEWATER PERMIT NUMBER	
Richmond Wastewater Treatment Facility		3-1173	
MAILING ADDRESS	TOWN	STATE	ZIP+4
PO Box 285	Richmond	VT	05477 -
PHONE	CELL PHONE	TAX ID	SAM UNIQUE ENTITY ID
802-434-2173			L D Z A D 8 E M D U K 3

### CONTACT PERSON - AUTHORIZED REPRESENTATIVE

*This section may be completed by engineer or applicant*

All authorized representatives and any alternate authorized representatives must be members of the owner's governing body or direct employees of the owner and may not be independent contractors working for the owner.

CONTACT NAME		TITLE	
Josh Arneson		Town Manager	
MAILING ADDRESS	TOWN	STATE	ZIP
PO Box 285	Richmond	VT	05477
PHONE	CELL PHONE	EMAIL ADDRESS	
802-434-5170		jarneson@richmondvt.gov	

### ALTERNATE AUTHORIZED REPRESENTATIVE(S) (At least one Alternate Authorized Representative is Required)

*This section may be completed by engineer or applicant*

AUTHORIZED REPRESENTATIVE NAME		TITLE	
Steve Cote		Water Resource Superintendent	
MAILING ADDRESS	TOWN	STATE	ZIP
PO Box 285	Richmond	VT	05477
PHONE	CELL PHONE	EMAIL ADDRESS	
802-434-2178		scote@richmondvt.gov	

[Add Alternate Representative](#)

### ENGINEERING FIRM & REPRESENTATIVE (or Legal Firm and Attorney's Name if this is a Source Protection Loan)

*This section may be completed by engineer or applicant*

FIRM NAME		CONTACT NAME	
Hoyle, Tanner & Associates, Inc.		Jon Olin	
MAILING ADDRESS	TOWN	STATE	ZIP
125 College Street, 4th Floor	Burlington	VT	05401
PHONE	CELL PHONE	EMAIL ADDRESS	
802-489-7364		jolin@hoyletanner.com	

### LOAN AMENDMENT SECTION

*This section may be completed by engineer or applicant*

Please describe the reason for the need for increased funds:

The Town is seeking assisting with updating their sewer use ordinance which was developed in 1972. The Town is seeking Hoyle Tanner's review and comments on the current ordinance with recommendations for improvements to protect the Town's WWTF. The Town is also seeking to propose this project for Bond Vote in the upcoming November 2024 or March 2025 ballots. The amendment provides assistance for public outreach to facilitate community understanding and increase potential of a successful bond vote.

Loan Number to be amended:	
Amount requested for this amendment:	\$ 76,700
Total loan amount including this amendment:	\$ 230,700

Please describe the effect on rates at the higher loan amount:

No Change. Continued effort to support the plant refurbishment/upgrade project.

List any current or potential connections using greater than 5% of demand or provide a general description of service area.

The Town of Richmond has a population of 4,167 as of 2020. Approximately 390 residential units are currently connected to the system. The average annual residential flows as reported by the Town of Richmond are 32,000 gal/year (88 gpd) per living

unit. Given the 390 residential units, the total annual residential flow is approximately 12.5 MG/year. In 2022, the total yearly

## KEY PERSONNEL

Please list the names and qualifications of the following key personnel including areas of expertise, years of experience in similar programmatic work, years at current position, and/or any relevant qualifications.

Please include all personnel related to the loan. Authorized Rep, Alternative Authorized Rep(s), Clerk, Board Members, Financial Manager, etc. Failure to include all key personnel will result in the application being considered incomplete.

NAME

POSITION (select from the list or enter another value)

Josh Arneson

Town Manager/Administrator

X

QUALIFICATIONS:

Town Manager for over 5 years

[Add Another Key Person](#)

## Certification

The Applicant certifies that it possesses the legal authority to apply for the SRF loan, and to finance and construct the proposed facilities. A resolution, motion, or similar action has been duly adopted or passed as an official act of the Applicant's Legislative Body authorizing the filing of the application. A resolution, motion, or similar action has been duly adopted or passed authorizing the person identified herein as the authorized representative of the Applicant in connection with the project for the purpose of furnishing information, data and documents pertaining to the project as required by the State of Vermont.

Authorization Date:

## Clerk Certification

Clerk Signature Date:

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SIGNATURE OF CLERK

PRINT NAME

## Authorized Representative Certification

Authorized Representative Signature Date:

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SIGNATURE OF AUTHORIZED REPRESENTATIVE

PRINT NAME

Submit completed application and all attachments via the ANR Online website at: