

FINANCIAL DATA

CAPACITY ASSESSMENT PACKAGE FOR EXISTING PUBLIC WATER SYSTEMS

Financial Data (for systems which charge for water): This part of the capacity assessment package consists of a set of 3 financial forms (a Rate Review Summary, an Income and Expense Statement, and a Balance Sheet). Please complete and return them within 30 days. The formats are generic, but may be more detailed than some that are used. Use your own format, if desired, *but please do not omit the 3-year projections*. Should you experience any difficulties in furnishing the financial information, please contact this office immediately, and we will assist as required. It is important that we obtain the information for assessment in a timely manner. Be sure to complete the required certification statement on the last page of this Financial Data Booklet.

Financial Data should be submitted to:

Attn: Capacity Coordinator
Office of Public Health
Louisiana Department of Health
Bienville Building, 1st Floor
P.O. Box 4489
Baton Rouge, LA 70821-4489

DUE DATE:_____

CAPACITY ASSESSMENT *FOR EXISTING PUBLIC WATER SYSTEMS*

Short and Simplified Business Plan

FINANCIAL PLAN FORM I. RATE REVENUE SUMMARY

	LAST YEAR	CURRENT YEAR	3 YEAR PROJECTION		
	20 ____	20 ____	YEAR 1	YEAR 2	YEAR 3
1 Number of Residential Customers					
2 Average Annual Residential Bill					
3 Total Residential Bills Levied (Line 1 times Line 2)					
4 Amount Uncollected					
5 Total Residential Rates Collected (Line 3 less Line 4)					
6 Total Commercial/Industrial Bills Collected					
7 Total Projected Rate Revenue (Line 5 plus Line 6)					
8 Please provide the date (month/year) of the last change in water-use rates.					
9 Please provide the current residential, commercial and industrial water-use rates.					

NOTE: Please state below the reason(s) for any projections which exhibit extraordinary growth patterns or decreases in revenues.

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FINANCIAL PLAN FORM II. INCOME AND EXPENSE STATEMENT

		LAST YEAR	CURRENT YEAR	3 YEAR PROJECTION		
		20 ____	20 ____	YEAR 1	YEAR 2	YEAR 3
OPERATING REVENUES						
1	Water Rates					
2	Bulk Water Rates					
3	Fire Protection					
4	Fees and Services					
5	Other					
6	Total (Add Lines 1 thru 5)					
OPERATING EXPENSES						
OPERATION AND MAINTENANCE						
7	Salaries (Operators)					
8	Benefits					
9	Utilities					
10	Chemicals & Treatment					
11	Monitoring					
12	Materials, Supplies & Parts					
13	Transportation					
14	Purchased Water Costs					
15	Outside Services					
16	Other					
17	TOTAL O & M EXP (Add Lines 7 thru 16)					
ADMINISTRATIVE						
18	Salaries					
19	Benefits					
20	Building Overhead					
21	Office Supplies & Postage					
22	Insurance					
23	Customer Billing & Collection					
24	Accounting					
25	Legal					
26	A/E & Professional Services					
27	Other					
28	TOTAL ADMIN EXP (Add Lines 19 thru 27)					
29	Depreciation Expenses					
30	Other					
31	TOTAL OPERATING EXP (Add Lines 17, 28, 29, 30)					
32	Operating Income (loss) (Subtract Line 31 from 6)					
NON-OPERATING REVENUES						
33	Interest Income					
34	Interfund Transfer					
35	Proceeds from the Sale of Assets					
36	Leases and Extraction Fees					
37	Other					
38	TOTAL NON-OPERATING REVENUES (Add Lines 33 thru 37)					
NON-OPERATING EXPENSES						
39	Interest Expense					
40	Other					
41	TOTAL NON-OPERATING EXP (Add Lines 39 and 40)					
42	Net Income (Loss) Before Taxes (Add Lines 32 and 38 less 41)					
TAXES						
43	Income Taxes					
44	Other than Income Taxes					
45	TOTAL TAXES (Add Lines 43 thru 44)					
46	Net Income (Loss) After Taxes (Subtract Line 45 from 42)					

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Short and Simplified Business Plan

FINANCIAL PLAN FORM III. BALANCE SHEET

	LAST YEAR	CURRENT YEAR	3 YEAR PROJECTION		
	20 ____	20 ____	YEAR 1	YEAR 2	YEAR 3
ASSETS					
PLANT					
1 Water Plant					
2 Construction in Progress					
3 Other					
4 Less Accumulated Depreciation					
5 Total Plant (lines 1 thru 3 less line 4)					
CURRENT ASSETS					
6 Cash					
7 Investments					
8 Accounts Receivable					
9 Inventory					
10 Total Current Assets (lines 6 thru 9)					
OTHER ASSETS					
11 Emergency Reserves					
12 Debt Service Reserve					
13 Replacement Fund					
14 Total Other Assets (lines 11 thru 13)					
15 TOTAL ASSETS (lines 5, 10, 14)					
CAPITALIZATION & LIABILITIES					
CAPITALIZATION					
16 Proprietary Capital					
17 Retained Earnings					
18 Other Capital Items					
19 Total Capitalization (lines 16 thru 18)					
20 LONG-TERM DEBT					
CURRENT LIABILITIES					
21 Accounts Payable					
22 Accrued Expenses					
23 Current Portion of Long-Term Debt					
24 Short-Term Debt					
25 Other					
26 Total Current Liabilities (lines 21 thru 25)					
27 TOTAL CAPITALIZATION & LIABILITIES (lines 19, 20, 26)					

NOTE: Lines 15 and 27 must be equal.

CERTIFICATION

I hereby certify that the information contained herein is true and accurate, to the best of my ability.

Water System Name: _____

Print Full Name Clearly

Authorized Representative of Water System: _____

Print Full Name Clearly / Title

Authorized Representative of Water System: _____

Signature

Date

Please make a copy for your records.

DHH-OPH - Drinking Water Capacity Development Program

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