

**West Virginia Infrastructure and Jobs Development Council**  
**Critical Immediate Need/No Service Funding**  
**Application Form**

(See Appendix A of the policy before completing this application.)

I. Utility (Sponsor)

Name: Enter the Utility Name.

County: Enter the County of the Utility.

Contact: Enter the Utility Contact Person.

Address: Enter the Utility's Address.  
Enter the Utility's Address.  
Enter the Utility's Address.

Phone: Enter the Utility's Phone Number.

Fax: Enter the Utility's Fax Number.

Email: Enter the Utility's Email.

II. Administrator (If the Applicant is not the Utility, please fill out this section.)

Organization: Enter the Administrator's Organization.

Contact: Enter the Administrator's Name.

Address: Enter the Administrator's Address.  
Enter the Administrator's Address.  
Enter the Administrator's Address.

Phone: Enter the Administrator's Phone Number.

Fax: Enter the Administrator Fax Number.

Email: Enter the Administrator's Email.

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**I. Describe the Critical Need**

Describe the event causing the Critical Need.

**II. Total Estimated Cost**

**III. Schedule to Resolve Critical Need**

Describe the estimated time to address the Critical Need.

**IV. Proposed Remedial Action**

Describe the steps to resolve the Critical Need.

**V. Account Balances**

|                                  |                                                           |
|----------------------------------|-----------------------------------------------------------|
| Revenue Fund                     | <input type="text" value="Enter the available balance."/> |
| Renewal and Replacement Fund     | <input type="text" value="Enter the available balance."/> |
| Capital Maintenance Reserve Fund | <input type="text" value="Enter the available balance."/> |

**VI. Last completed fiscal year**  
audit \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date Submitted: \_\_\_\_\_