|  |  |
| --- | --- |
| **Name of Entity:** |       |

|  |  |
| --- | --- |
| If this project **HAS NOT** received a funding commitment, provide the associated Project Information Form number(s) (PIF #) for this update. |       |
| If the project **HAS** received a funding commitment, provide the associated five-digit Project number for this update. |       |

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| **Section 13. ESTIMATED COSTS** |
| **Cost Category** | **(a) Planning** | **(b) Acquisition**  | **(c) Design** | **(d) Construction** | **(e) Total**(a)+(b)+(c)+(d) |
| **Check the phase(s) for which CWSRF funding is desired.** |  |  |  |  |  |
| **A.** | POTW Project: Treatment Project |       |       |       |       |       |
| **B.** | POTW Project: Collection Project |       |       |       |       |       |
| **C.** | NPS Project |       |       |       |       |       |
| **D.** | Estuary Management Project |       |       |       |       |       |
| **E.** | Engineering |       |       |       |       |       |
| **F.** | General, Legal, Financial |       |       |       |       |       |
| **G.** | Contingency |       |       |       |       |       |
| **H.** | Other (Describe cost) |       |       |       |       |       |
|  |       |  |  |  |  |  |
| **I.** | Subtotal (Add Lines A–H) |       |       |       |       |       |
|  |
| **J.** | Financing from Local Funds |       |       |       |       |       |
| **K.** | Financing from Other Sources |       |       |       |       |       |
| **L.** | Total, SRF-Funded Amount (Subtract Lines J and K from Line I) |       |       |       |       |       |
| **Note: A loan origination fee will be applied to any committed loan amount.** |
| **One-Time Commitment** | [ ]  |  |  |
| **Section 14. AUTHORIZATION AND SIGNATURE** |
|       |       |
| **Printed Name and Title of Entity’s Authorized Representative** | **Telephone Number** |
|       |       |
| **Signature of Entity’s Authorized Representative** | **Date (mm/dd/yyyy)** |
| If the grand total (Section 13, Line P) is **less than or equal to $100,000**, include:• Statement establishing the basis for the project cost.• Signature of system operator. | If the grand total (Section 13, Line P) is **greater than $100,000**, include:• Seal of registered Professional Engineer.• Signature of registered Professional Engineer. |
|       |       |

This form must be completed in full to be considered for rating and inclusion in the CWSRF Program Intended Use Plan (IUP). Incomplete forms may prevent projects from being rated.

**For questions, contact:** Issa McDaniel, (512) 463-1706, issa.mcdaniel@twdb.texas.gov