|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Entity:** |  | **PWS ID No.:** | TX |

|  |  |
| --- | --- |
| 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. |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 10. ESTIMATED COSTS** | | | | | | | | | | |
| **Cost Category** | | | **(a) Planning** | **(b) Acquisition** | | | **(c) Design** | **(d) Construction** | | **(e) Total**  (a)+(b)+(c)+(d) |
| **Check the phase(s) for which DWSRF finding is desired** | | |  |  | | |  |  | |  |
| **A.** | Treatment | |  |  | | |  |  | |  |
| **B.** | Transmission and Distribution | |  |  | | |  |  | |  |
| **C.** | Source | |  |  | | |  |  | |  |
| **D.** | Storage | |  |  | | |  |  | |  |
| **E.** | Purchase of System | |  |  | | |  |  | |  |
| **F.** | Restructuring | |  |  | | |  |  | |  |
| **G.** | Land Acquisition | |  |  | | |  |  | |  |
| **H.** | Source Water Protection | |  |  | | |  |  | |  |
| **I.** | Engineering | |  |  | | |  |  | |  |
| **J.** | General, Legal, Financial | |  |  | | |  |  | |  |
| **K.** | Contingency | |  |  | | |  |  | |  |
| **L.** | Other (Describe cost) | |  |  | | |  |  | |  |
|  | |
| **M.** | Subtotal (Add Lines A-L) | |  |  | | |  |  | |  |
|  |  | |  |  | | |  |  | |  |
| **N.** | Financing from Local Funds | |  |  | | |  |  | |  |
| **O.** | Financing from Other Sources | |  |  | | |  |  | |  |
| **P.** | Subtotal, SRF-Funded Amount (Subtract Lines N and O from Line M) | |  |  | | |  |  | |  |
| **Note: A loan origination fee will be applied to any committed loan amount.** | | | | | | | | | | |
|  | | | | | | | | | | |
| **One-Time Commitment** | |  | | | **Multi-Year Commitment** | | | |  | |
|  | | | | | | | | | | |
| **Section 11. 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 10, 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 10, 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 DWSRF Program IUP. Incomplete forms will prevent projects from being rated.

**For questions, contact:** Caaren Skrobarczyk (512) 475-1128, [caaren.skrobarczyk@twdb.texas.gov](mailto:caaren.skrobarczyk@twdb.texas.gov)