|  |  |
| --- | --- |
| **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. |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | |  | | | | **Multi-Year 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:** Alyssa Azari, (512) 463-5801, CWSRF@twdb.texas.gov