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

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| --- |
| **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:** Heather O’Keefe (512) 475-1835, DWSRF@twdb.texas.gov