

**CFWI Regional Water Supply Plan
Project Option Form**

| A. BASIC INFORMATION | | | | | | | |
|--|---|--|---|----------------------|--|------------------|--|
| A-1 | PROJECT NAME: | | | | | | |
| A-2 | Applicant | | | | | | |
| | Name/title: | | | | | | |
| | Email address: | | | | | | |
| | Mailing address: | | | | | | |
| Office Phone: () | | | | Mobile Phone: () | | | |
| A-3 | Contact (if other than applicant) | | | | | | |
| Name/title: | | | | | | | |
| Email address: | | | | | | | |
| Mailing address: | | | | | | | |
| Office Phone: () | | | | Mobile Phone: () | | | |
| A-4 | In what County is this project located? | | | | | | |
| <input type="checkbox"/> Lake <input type="checkbox"/> Orange <input type="checkbox"/> Osceola <input type="checkbox"/> Polk <input type="checkbox"/> Seminole | | | | | | | |
| B. PROJECT INFORMATION | | | | | | | |
| B-1 | Project Type: | | | | | | |
| <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Reclaimed Water <input type="checkbox"/> Stormwater <input type="checkbox"/> Conservation | | | | | | | |
| Gallons per day conserved/alternative water supplied: _____ | | | | | | | |
| B-2 | PROJECT DESCRIPTION (Objectives, Benefits, Purpose and Goals): | | | | | | |
| | | | | | | | |
| Project likelihood of successful completion within the current fiscal year: | | | | | | | |
| a. Project Readiness: <i>Check all that apply and supply requested dates (month/day/year) and attach a detailed project construction schedule. Include documentation that demonstrates that the construction start date is realistic (e.g. critical milestones, commission approval dates, procurement timeline, etc.).</i> | | | | | | | |
| Current % Complete | | | | | | | |
| | Planning | | % | Start Date: | | Completion Date: | |
| | Design | | % | Start Date: | | Completion Date: | |
| | Permitting | | % | Start Date: | | Completion Date: | |
| | Bidding | | % | Start Date: | | Completion Date: | |
| | Construction | | | Start Date: | | Completion Date: | |
| | Future Phases | | | Start Date: | | Completion Date: | |
| | Other | | | Start Date: | | Completion Date: | |

| | |
|--|--|
| | <p>b. Multi-Jurisdictional Project: <i>Identify partners and include the percent of funding to be contributed by each partner (attach copy of partnership agreement or memorandum of understanding, if available, and includes status of agreement)</i></p> |
| | <p>c. Funding Sources: <i>Identify any outside sources of funding including State or Federal appropriations or grant monies, municipal bonds. Identify source of applicant funding.</i></p> |

C. PROJECT COST INFORMATION

| | | | |
|------------|---|------------------------|------------------------|
| C-1 | <p>a. Breakdown of project cost <i>(provide details in separate attachment): Using the CFWI cost estimate tool, attach a table or spreadsheet with detailed project costs for each task or segment of the project. Attach any additional cost estimates that you would like considered. Indicate at the conclusion of the table/spreadsheet, a cost effectiveness evaluation as described below.</i></p> | | |
| | b. Cost-share request funding table | | |
| | A. Total estimated project cost: (includes capital, construction, land acquisition, planning, permitting & design costs) | \$ | |
| | B. Construction cost: | Year 1 (FY_____) \$ | Year 2 (FY_____) \$ |
| | C. Cost-share amount requested: | \$ | |
| | D. Applicant's share (include letter from authorized person(s), pledging funding): | \$ | |
| | E. Estimated Applicant's Annual Operation & Maintenance Costs: | \$ | |
| | F. Estimated Service life of components: | years | |

Name (print): _____

Signature: _____

Title: _____

Date: _____