

STORMWATER LOCAL ASSISTANCE FUND (SLAF) PHASE I: PROJECT INFORMATION WORKSHEET

Project Name:	SLAF Grant #: XX-XX
Locality:	Date: Click to enter a date
Locality Address:	
DEQ Project Manager: Select a PM	
DEQ Project Officer: Select a PO	

INSTRUCTIONS

Please respond to items A, B, C, D, and E. Review item F and revise as needed.

PROJECT DESCRIPTION

A. INTENT TO PROCEED

Will your organization proceed with the grant agreement process?	Select Y/N
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B. AUTHORIZED PROJECT COORDINATOR CONTACT INFORMATION

Name:	Title:
Email:	Phone #: (XXX) XXX-XXXX

C. AUTHORIZED GRANT SIGNATORY CONTACT INFORMATION

Name:	Title:
Email:	Phone #: (XXX) XXX-XXXX

D. ANTICIPATED PROJECT SCHEDULE

Start Planning: Click to enter a date	Start Construction: Click to enter a date
End Planning: Click to enter a date	End Construction: Click to enter a date

E. APPLICABLE BMP PRACTICES

BMP PRACTICE #1	Choose a Practice
BMP PRACTICE #2 (if applicable)	Choose a Practice
BMP PRACTICE #3 (if applicable)	Choose a Practice

F. PROJECT BUDGET

Budget Item	Estimated Project Cost	Estimated SLAF Eligible Cost	Grant %	Grant Amount
Architecture/Engineering Basic Fees	\$0.00	\$0.00	50%	\$0.00
Stormwater BMP Construction	\$0.00	\$0.00	50%	\$0.00
Legal/Administration	\$0.00	\$0.00	50%	\$0.00
Land, Right-of-Way	\$0.00	\$0.00	50%	\$0.00
Project Inspection Fees	\$0.00	\$0.00	50%	\$0.00
Other (provide cost category and amount for each item):	\$0.00	\$0.00	50%	\$0.00
Construction Contingencies	\$0.00	\$0.00	50%	\$0.00
TOTALS	\$0.00	\$0.00		\$0.00

Comments: