PROJECT INFORMATION WORKSHEET **Project Name:** Locality: **Brief PROJECT DESCRIPTION LOCALITY W-9 ADDRESS** Address: **B. AUTHORIZED PROJECT COORDINATOR CONTACT INFORMATION** Title: Email: Phone #: C. AUTHORIZED GRANT SIGNATORY CONTACT INFORMATION Name: Title: Email: Phone #: D. ANTICIPATED PROJECT SCHEDULE Start Planning: Start Construction: **End Construction:** End Planning: **E. APPLICABLE BMP PRACTICES BMP PRACTICE #1** BMP PRACTICE #2 (If applicable) BMP PRACTICE #3 (if applicable)

STORMWATER LOCAL ASSISTANCE FUND (SLAF) FY 2026 SOLICITATION

| Estimated Project Cost | Estimated SLAF Eligible Cost | Grant % | Grant Amount |
|---------------------------|---------------------------------|---------|--------------|
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Comments: Please note, the SLAF reimbursable portion of construction contingencies cannot exceed 5% of the physical construction cost. Also, the SLAF reimbursable portion of the Architecture/Engineering Basic Fees cannot exceed 35%.