2024 Additional Funding Documentation

Applicant Name:

Project Title:

**Determine additional funding required for an existing project**

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| --- | --- |
| Original Award (including Local share) | $0 |
| Engineering Expenses to Date | $0 |
| Project Management Expenses to Date | $0 |
| ROW expenses to Date | $0 |
|   |   |
| **Amount Remaining from original award** | **$0** |

|  |  |
| --- | --- |
| Balance of Engineering contract to be billed | $0 |
| Balance of Project Management to end of project | $0 |
| Balance of ROW expenses anticipated | $0 |
| Estimated Construction Cost | $0 |
| Estimated Construction Inspection Cost | $0 |
|   |   |
| **Total Cost to Complete Project** | **$0** |

|  |  |
| --- | --- |
| **Amount Remaining in Grant Award (or deficit)** | **$0**  |