



By submitting this abridged application, you understand and confirm that the information provided is true and correct to the best of your knowledge and further understand that the failure to submit a complete abridged application by the stated deadlines, or to respond in a timely manner to additional requests for information, may result in the withdrawal of the abridged application without review.

Section 1. APPLICANT INFORMATION

Name of Applicant		Applicant County	Regional Water Planning Area	
Entity Contact Information		Proposed Project or Strategy from 2011 Regional Water Plan & State Water Plan		
Contact Person		Name of Project (from 2012 State Water Plan)		
Title				
Mailing Address		Where does the project appear in the 2011 Regional Water Plan?	Project on Page:	
			Capital Costs on Page:	
Phone Number		Phase(s) Applied For	<input type="checkbox"/> Planning	<input type="checkbox"/> Design
Fax Number			<input type="checkbox"/> Acquisition	<input type="checkbox"/> Construction
Email Address				

Section 2. PROJECT INFORMATION

Description of Proposed Project			
Population Served by Project When Fully Operational		Regional Project? <i>(If yes, attach Regional Project Worksheet)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regional Water Planning Group Priority Ranking	Calculated by TWDB 31 TAC §363.1304 (12)		
Needs Met by the Project	Calculated by TWDB 31 TAC §363.1304 (5)		

