## CALIFORNIA FINANCING COORDINATING COMMITTEE (CFCC)

CC	MMON FUNDIN	G INQUIRY FOI	RM	
<u>Instructions</u> : An electronic copy of this form call	n be obtained at: www.cfcc.ca	a.gov		
Please provide the information below and e-mail	the completed form to: ibank	@ibank.ca.gov		
If completing a hard copy of this form, attach res	ponses where applicable and	fax to (916) 322-6314.	Γ	
Name of Applicant or Official System Name:			County:	
Check the box that best describes the	ne applicant's organiza	ition:		
☐ Municipal entity	☐ Private entity, for p	rofit	☐ Private entity, non	profit
Project OR problem description. Describe the problem or the need for the project, the purpose of the project, the basic design features of the project and what the project will accomplish. (Attach documentation, if available)				
<b>Estimated Project Schedule</b> . Provide a timeline that illustrates the estimated start and completion dates for each major phase or milestone of project development, construction and/or acquisition (including, for example, feasibility study, land acquisition, preliminary engineering, environmental review, final design and construction commencement and completion).				
Financing is needed for (check all that apply):				
☐ Feasibility Study ☐ Rate Study ☐ Engineering/Architectural ☐ Land Acquisition ☐ Project Construction and Administration ☐ Other, specify:				
Estimated Total Project Costs \$ Estimated amount of funding requested \$				
Multiple funding sources anticipated: ☐Yes ☐ No				
For water/sewer projects only:				
System ID No.:		Service Area Popul Number of Service Estimated Median I of service area	Connections:	_ _ _
How did you hear about the California Financing Coordinating Committee?				
All correspondence regarding this inquiry will be sent to the individual named below. You will receive a written acknowledgement of the receipt of this inquiry form and be contacted by staff of the appropriate CFCC member agencies to pursue additional assistance.				
Printed Name of Inquirer	Title		Date	
Mailing Address (street)	City/St	ate	Zip code	
Phone Number	FAX Number	Sec. 111111111111111111111111111111111111	e-mail  Respended to Applicate Induly.	