**Worksheet A**

Proposed Project Budget

Below is a chart for summarizing the proposed project's scope & associated costs. All guidelines outlined in the TIRZ Incentive Policy, adopted 12/18/14. This worksheet alone does not provide all of the required items.

Intended Match (money to be provided by applicant):

Total Estimated Project Cost:

Please complete all fields within the chart below. Additional copies may be made of this form if necessary.

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| **Item #** | **Work to be Performed** | **Incentive Type / Match** | **Unit Cost** | **Total** |
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| **Item #** | **Work to be Performed** | **Incentive Type / Match** | **Unit Cost** | **Total** |
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I certify that the information above is accurate in its representation of itemized costs. I understand that additional information may be requested to substantiate these amounts and will promptly provide such information.

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Applicant or representative Date

**FOR OFFICE USE ONLY:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE OF PLANNING & DEVELOPMENT ADMINISTRATOR DATE**

**RANKING INFO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED FOR FUNDING? Y N FINAL INCENTIVE AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF PAYMENT: \_\_\_\_\_\_\_\_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_ CONTRACT EXECUTED:\_\_\_\_\_\_\_\_\_\_\_ Document Effective as of: 01/07/15**