

TSSWCB Use Only: Proposal Number

TSSWCB Use Only: Date / Time Received

PROPOSAL

FOR O&M WORK ON ELIGIBLE FLOOD CONTROL DAMS

This form should be used to submit proposals to the Texas State Soil and Water Conservation Board for funding under the agency's Flood Control Operation and Maintenance (O&M) Grant Program. Rules for the Program are codified at 31TAC529, Subchapter A.

All proposals must be approved by the TSSWCB prior to work commencing.

Proposals must identify the dam(s) by the National Inventory of Dams Identification Number (NID ID). Proposals must include the O&M activity code, which can be found on the TSSWCB website at <https://www.tsswcb.texas.gov/en/floodcontrol>. Proposals must include the estimated amount of each O&M activity on each dam. Proposals must include the intended start date for each activity. **All activities on a proposal must be completed within 90-days of the TSSWCB-approval date, therefore the intended completion date must be the same for all O&M activities on this proposal.** Any funds approved for O&M work on this proposal *not used* by the sponsor by the intended completion date may be allocated to another pending proposal. For TSSWCB-approved proposals where work is underway, sponsors should notify TSSWCB as soon as they are aware of any anticipated exceedances regarding estimated costs or completion dates. The TSSWCB may grant extensions on a *case-by-case* basis.

O&M INFORMATION

| NID ID No. | O&M Activity Code | Est. No. Units to be Performed | Est. Total Cost of Invoice | Intended Start Date | Intended Completion Date |
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Total Cost

SPONSOR INFORMATION

| | | | |
|-------------------------------|--|------------------------|--|
| Sponsor Name: | | | |
| Sponsor Number: | | Contact Person: | |
| Address: | | | |
| Phone Number: | | Fax Number: | |
| Sponsor Email Address: | | | |

CERTIFICATION OF SPONSOR

I hereby certify that all O&M activity contained on this proposal, if approved by TSSWCB, will be completed consistent to the closest extent possible with the information provided above. I am an individual with authority to sign on behalf of the sponsor.

Name, Title_____
Date**TSSWCB APPROVAL**

This proposal is hereby approved and O&M activities specified above may commence, consistent with the information provided above, as of the proposal approval date.

Name, Title_____
Date

Signed proposals should be submitted via email to: dhentzen@tsswcb.texas.gov, faxed to (254) 773-2250, Attn. David Hentzen, or mailed to 1497 Country View Lane, Temple, TX 76504. A copy of this proposal will be provided to you upon TSSWCB approval.

ASSURANCES - FLOOD CONTROL PROGRAMS

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the TSSWCB. Further, applicants may be required to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for State assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-State share of project cost) to ensure proper planning, management and completion of the project.
2. Will give the TSSWCB, the Texas Comptroller of Public Accounts, and the Texas State Auditor, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will comply, or has already complied, with the requirements of Texas Administrative Code 529.6 and 529.58 "Solicitation of bids will be required for purchases of more than \$50,000 in accordance with provisions of §271.024 of the Local Government Code." These requirements apply to all purchases funded through TSSWCB Operation & Maintenance and/or Structural Repair programs.
4. Will comply with all applicable requirements of all other Federal and State laws, executive orders, rules, regulations, and policies governing this program.

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|---|----------------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE |
| APPLICANT ORGANIZATION | DATE SUBMITTED |