



# PROJECT COST SUMMARY FORM

Version 2026-04-06

This form should be completed by the Owner, Owner's Agent, or Common Interest Community Representative requesting funds from the Foundation and Soil Management Fund.

<b>NAME</b>		Ownership / Representative (Check One):	
<b>MAILING ADDRESS</b>		<input type="checkbox"/> Owner <input type="checkbox"/> Owner's Agent <input type="checkbox"/> Common Interest Community Representative	
<b>CITY, STATE, ZIP</b>		<b>PROJECT NAME</b>	
<b>PHONE</b>		<b>PROJECT ADDRESS</b>	
<b>EMAIL</b>		<b>CITY, STATE, ZIP</b>	

Provide copies of the contract, detailed invoices, and receipts to support the description of goods and services listed below.

DESCRIPTION OF GOODS AND SERVICES	TOTAL COST
1. Planning / Design	
2. Construction	
3. Equipment / Materials	
4. Permitting	
5.	
6.	
7.	
8.	
9.	
	\$ -

I certify that the information provided in this Project Cost Summary is accurate to the best of my knowledge.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

By checking this box, I agree to electronically signing this form.