Financial, Managerial, and Technical (FMT) Assistance Contract

Objective 1 Assignment: FMT Capacity Assessment

Instructions: Fill in all shaded fields and then email the form to FMT@tceq.texas.gov.

|  |  |
| --- | --- |
| Referred By: | Referred By  |
| System Name: | System Name |
| Physical Location: | Physical Location |
| County: | County | TCEQ Region: | TCEQ Region Number |
| PWS ID or WW Permit Number: | CCN Number: |
| PWS ID or WW Permit Number | CCN Number |
| Customer Reference Number (CN): | Regulated Entity Number (RN): |
| CN | RN |
| Type of System (select one): |
| [ ]  WSC | [ ]  District | [ ]  Municipality | [ ]  IOU |
| Enforcement Information: |
| In Enforcement: | [ ] Yes | [ ] No | [ ] Pending |
| Docket Number: | Enforcement Docket Number |
| Assessment Information: |
| Assessment Type: | [ ] DWSRF | [ ] Other: | Explanation of Other |
| Project Information: |
| Project Information |
| Contact Information: |
| System Contact: | System Contact | Primary Phone: | Primary Phone |
| Title: | Title | Secondary Phone: | Secondary Phone |
| Attachments: |
| [ ]  FYXX IUP PIF No. IUP PIF Number | [ ]  FYXX IUP Applicant Information |
| [ ]  CCI | [ ]  NOE/NOV | [ ]  Enforcement Order | [ ]  Correspondence |
| [ ]  Other (explain): | Explanation of Other Attachment(s) |
| **To Be Completed By TCEQ:** |
| Instructions: | Special Instructions |
| Assignment Date: | Assignment Date | Log Number: | F-Log Number |
| Priority: | [x]  Routine  | [ ]  Medium | [ ]  High |