LUMPKIN COUNTY
2020 SPLOST

PROJECT REQUEST FORM

A.   SUBMITTING DEPARTMENT, AUTHORITY, AGENCY, OR ASSOCIATION

B.   PROJECT NAME/BRIEF DESCRIPTION

_____ CHECK IF THIS IS A CONTINUATION FROM A PREVIOUS SPLOST

C.   PROJECT LOCATION

_____ CHECK IF LAND ACQUISITION IS REQUIRED

D.   PROPOSED PROJECT BUDGET (ROUND TO THE NEAREST THOUSANDS)

TOTAL BUDGET	
ANNUAL OPERATING COST (SEE ATTACHMENT A)	

E.   CONTACT PERSON:

WORK PHONE:

EMAIL:

F.   TO MEET THE PROJECT GOALS AND OBJECTIVES & WHEN SHOULD THIS PROJECT BE COMPLETED?

ATTACHMENT A
ANNUAL OPERATING COST
WORKSHEET

ADDITIONAL PERSONNEL COSTS:	
NUMBER OF POSITIONS	
UTILITIES:	
GAS	
ELECTRICAL	
WATER	
SEWER	
PHONE	
TRASH PICK UP	
OTHER	
OPERATING SUPPLIES	
EQUIPMENT MAINTENANCE	
FACILITY MAINTENANCE	
SOFTWARE MAINTENANCE	
OTHER (DESCRIBE)	
OTHER (DESCRIBE)	
OTHER (DESCRIBE)	
TOTAL COSTS	