

General Checklist
Cost Sharing Requests

<u>County Name</u>	<u>SR & Section</u>	<u>MPMS #</u>	<u>Utility Name</u>
_____	_____	_____	_____
Cost Sharing Request Letter			_____
Cost Sharing Resolution (Fig. A-300)			_____
Cost Sharing Justification			_____
Plans (Cross sections when necessary)			_____

NOTES: If the Cost Share Request is part of the Policy or Pilot, Justifications and Plan needs are required according to the milestone dates.