Project Proposal Application

Date:  

Sponsor Data

Sponsor Name:  
Contact Person:  
Address:  
City, State & Zip:  
Telephone:  
Fax:  
Email:  

☐ The Commissioners in my County are aware of this application and support the project request.

Project Data

Project Name:  

Assistance Type Requested: (check one or more)

☐ Technical Assistance  ☐ Planning Assistance
☐ Info/Ed Activities  ☐ Grant Writing
☐ Organizational  ☐ Support Other

Problem Statement
(Describe the problem and its effects on the local community or area.)
Objective
(State the objective of the proposed project.)

Benefits
(State the effects that the completed project will have on the economic, social & environmental conditions of the area.)

Implementation Strategy
(List names of individuals, agencies, organizations, etc., that could assist or partner on this project.)

List estimated cost(s) for the proposed project.

***For Council Use Only***

This measure addresses Goal ___________, Objective # ___________ of the Albemarle RC&D Council Area Plan.

Reviewed by the Albemarle RC&D Council Board on _________________(date).

Action Taken:

______ Approved
______ Disapproved
______ Additional Data Needed

Assigned Project Number #: ___________________________

Signed: _______________________________________       Date: _____________________

Council Chairman

October 18, 2022