

Albemarle RC&D Council  
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*Project Proposal Application*

Date:

County/Municipality/Non-profit 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

NOTE: This is a summary application form. The Applicant should attach a narrative description of the project that gives elaborative information beyond the brief descriptions shared here. Please attach pictures or supporting documents, as well as information about other funding sources/grants leveraged with ARCD funding. The attached narrative should not exceed five pages (excluding pictures/supporting documents).

**Problem Statement**

(Describe the problem and its effects on the local community or area.)

**Objective**

(State the objective and/or proposed goals 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.

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\*\*\*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

May 15, 2023