



Chestatee-Chattahoochee RC&D Council

170 Scoggins Drive
Demorest, GA 30535

Phone: (706) 894-1591 FAX: (706) 894-1597

Request for Project Assistance

Please note: This request must be signed by the local council member from the area in which the request originates and forwarded to the Chestatee-Chattahoochee RC&D Council for Executive Board action. Requests submitted with incomplete information will be returned to the contact person. Attach additional pages if desired.

I. Applicant Information

Organization _____
Contact Person _____
Address _____ City _____ Zip _____ County _____
Telephone # _____ Fax # _____

II. Type of RC&D Assistance Requested:

- Administrative Technical Sponsorship Financial (Reimbursable, Receipts Required)

III. Project Description (who, what, when, where – include RC&D's role in the project)

IV. Project Parameters

- 1) Describe why the project is needed: _____

- 2) Quantify project timeframe(begin/end dates), goals and methods to determine its effectiveness: _____

- 3) Describe groups and numbers of people the project would benefit: _____

V. Project Budget (Attachment 1 must be provided for all sponsorship and financial requests. Please provide costs, associated fees/disbursements as applicable.)

Amount Requested: \$ _____ Amount Matched: \$ _____

(Printed Name and Signature of Person Completing the Request)

(Date)

(Chestatee-Chattahoochee RC&D Council Representative)

(Date)

All requests must meet the RC&D mission for inclusion in the Area Plan. Grant recipients must acknowledge Chestatee-Chattahoochee RC&D Council on printed literature and provide council opportunities for input.



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Attachment 1 – Budget					
Categories	RC&D Funds (Requested)	Project Partner Contribution (Cash)	Project Partner Contribution (In-kind)	Totals	
				RC&D	Partner
Personnel					
Meals					
Refreshments					
Equipment					
Facilities					
Materials					
<p style="color: red; font-size: small;"><i>NOTE: For Financial Assistance – Partner contributions providing a cash or in-kind match could be viewed more favorably. All financial assistance will be disbursed on a reimbursable basis not to exceed the approved amount. <u>Original receipts and participant sign-in sheets must be provided for each funded item prior to reimbursement.</u> Postage is a non-reimbursable item.</i></p> <p style="color: red; font-size: small;"><i>For Sponsorship – Funds can be advanced, with documentation to be provided following the event.</i></p>					

Total Project Value \$ _____

All programs and services offered without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital or family status. Persons with disabilities who require alternative means for communication of program information should contact the USDA's TARGET Center at 202/720-2600

Resolution by Executive Board: Date: _____ Adopted: _____ Rejected: _____