



# 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. Project Description (who, what, when, where)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. 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: \_\_\_\_\_  
\_\_\_\_\_

### IV. Project Budget/Business Plan

Amount Requested: \$ \_\_\_\_\_

(Please provide costs, associated fees/disbursements as applicable)

\_\_\_\_\_  
(Printed Name and Signature of Person Completing the Request)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Chestatee-Chattahoochee RC&D Council Representative)

\_\_\_\_\_  
(Date)

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: \_\_\_\_\_