

**LEWIS AND CLARK COUNTY RESOURCE ADVISORY
COMMITTEE**
TITLE II PROJECT PROPOSALS-SUPPLEMENT

ACTION TAKEN
Approved _____
Tabled _____
Denied _____
Other _____

1 page maximum
Please fill out or check all items that apply to your project

1. Project Number (assigned by DFO): _____
2. Project Name: _____
3. Project Sponsor: _____
4. Date: _____
5. Phone Number: _____

6. Statement of project Goals and Objectives:

7. Project Description / time line / projected cost (provide photo(s) if applicable):

(If projected cost is not available at initial submission, give scope and depth of proposed project to help the committee determine if the project is within the RAC budgetary restraints.)

8. What will happen if this project is not funded?

9. What other funding sources have been explored or exhausted?

10. How will the requested RAC funding leverage other sources of funding or in-kind contributions?

11. Please list any community supporters and collaborators:

12. Please list your qualifications and experience with similar type projects:

13. What percentage of the project costs are for administration?