

Smoky Hills RC&D Area, Inc.
701 W. James
PO Box 985
Dighton, KS 67839-0985
Phone: 620-397-5751 Ext. 106 Fax: 620-397-5773

PROJECT APPLICATION

PROJECT INFORMATION

Project Name: _____ Completion Date: _____
Location: _____ (County name (s) or write in Area-Wide).
Sponsor Name (Project Owner): _____
Contact Person for Project (Project Representative): _____
Address: _____ Phone: _____

PROBLEM STATEMENT

Describe the situation before project begins and explain how the project will solve the problem:

OBJECTIVES STATEMENT

State specific, measurable objectives and benefits that are to be expected after project is completed:

RC&D ASSISTANCE REQUESTED

____ Organization Assistance ____ Planning Assistance ____ Development Assistance
____ Information Assistance ____ Education Assistance ____ Research Assistance
____ Financial Assistance* ____ Grant Writing Assistance* ____ Conduit or Flow Through*
____ Other Assistance (Please Describe) _____

*if checked please fill out budget section below

BUDGET

Estimated Total Cost for Project: \$ _____
Funds Received to date: \$ _____
Funds Requested from RC&D: \$ _____

Sponsor Signature

Date

Title

Financial Assistance Agreement

It is hereby agreed between Smoky Hills RC&D Area, Inc. and the (Sponsor/ Owner) _____ that this project will be approved under the conditions outlined below:

- If the project owner is different than the project representative a letter from the project owner authorizing the project representative to act on their behalf is required.
- If financial, grant writing or conduit assistance is requested, the project owners must submit a budget. The budget needs to be line-itemed and include a narrative explaining each line-item.
- The project has leadership from the beginning to the completion of the project.
- The project owner must exhibit the ability to continue and or maintain the project for a period of _____ years following the completion of the project.
- The project owner must provide a quarterly status report of the project to the local county RC&D advisory committee and also the Smoky Hills RC&D Council by January 15, April 15, July 15, and October 15 until the project is completed. Negative reports are required stating the reason for inactivity. Reporting shall not begin until after Smoky Hills RC&D begins assistance with the project.
- If this project will be completed in prioritized phases, list the phases in priority order:

- All required maintenance, liability insurance, and any other requirements of the funding contract as set forth by the foundation or organization providing funding, shall be the responsibility of the project owner.
- Any violation of these requirements shall result in the project owner and the project representative being ineligible to use the Smoky Hills RC&D Area, Inc as a conduit for any future projects.
- Cancellation of this contract after receiving funds, but before completing the project will result in payback of all funds received.

Signature of Project Owner

_____ Date _____

Signature of Project Representative

_____ Date _____

FOR OFFICE USE ONLY

PROJECT # _____

_____ **County RC&D Advisory Committee**

Reviewed Application on _____, 200__

_____ Approved _____ Disapproved

County Advisory Chairperson _____ Date _____

Smoky Hills RC&D Area, Inc.

Reviewed Application on _____, 200__

_____ Approved _____ Disapproved

Council Chairperson _____ Date _____

Smoky Hills RC&D Area, Inc.

Reviewed Completion on _____, 200__

_____ Approved _____ Disapproved

Council Chairperson _____ Date _____