

Kansas Crossroads RC&D  
PO Box 501  
Clay Center, KS 67432



**FOR OFFICE USE ONLY**  
Project Proposal # \_\_\_\_\_  
Date Received \_\_\_\_\_

## Project Application

Project Name: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

Project Location: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Partners: \_\_\_\_\_

Contact Person(s) Name(s)	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROBLEM STATEMENT - Include a brief description of the situation:  
\_\_\_\_\_  
\_\_\_\_\_

OBJECTIVES STATEMENT – Specific, measureable objectives and benefits expected upon completion of project:  
\_\_\_\_\_  
\_\_\_\_\_

RC&D ASSISTANCE REQUESTED – Describe type of assistance needed; if financial, complete budget below:  
\_\_\_\_\_  
\_\_\_\_\_

BUDGET  
Estimated Total Cost for Project: \$ \_\_\_\_\_ Funds Requested from RC&D: \$ \_\_\_\_\_  
Other Sources of Funding and Amounts: \_\_\_\_\_

PROJECT SPONSOR  
\_\_\_\_\_  
Signature Title Date

## Project Application Instructions

**Additional pages may be attached as needed.** This form is intended to provide the Kansas Crossroads RC&D with a basic knowledge of your project and what assistance is being requested.

**Project Completion Date:** The date when you expect the project to be completed.

**Project Location:** The specific site and/or geographic area to be served by the project.

**Sponsor Name:** Organization, group, agency or individual sponsoring the project.

**Partners:** Other organizations, groups, agencies or individuals who will support the project.

**Problem Statement:** Describe why the project is needed and how it will help solve the problem.

**Objectives Statement:** State specific accomplishments or outcomes expected from the project.

**RC&D Assistance Requested:** Types of assistance could include financial grants or fund raising, administration (e.g. collection and disbursement of funds), event planning and/or coordination, publicity, etc.

**Budget:** Attach a separate, itemized budget if possible.

**Sign, date and return this application to the address on the front or to a Kansas Crossroads RC&D Council member.**

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Disposition of Application

KANSAS CROSSROADS RC&D

\_\_\_\_\_ Approved    \_\_\_\_\_ Disapproved    \_\_\_\_\_ Request modification of application

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Funding Date: \_\_\_\_\_