

LOWER RIO GRANDE VALLEY DEVELOPMENT COUNCIL

PROJECT DIGEST

Title: _____

Applicant: _____

Prepared By: _____

Signature

Typed or Printed Name

Position

E-Mail Address

Phone #

Date

I. General Information (May substitute this page with SF-424):

A. Project Title: _____

B. Applicant: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____

E-Mail Address: _____

C. Type of Applicant: Pre-Application_Application_New

Revised: _____ Continuation: _____ Supplemental: _____

D. Financing: Grant: ___ Loan: ___ Loan Guarantee: ___ Other: ___

E. Funding Information:

<u>This Application</u>			<u>Current Funding</u>		
Federal	_____ %	\$ _____	Federal	_____ %	\$ _____
State	_____ %	\$ _____	State	_____ %	\$ _____
Local	_____ %	\$ _____	Local	_____ %	\$ _____
Applicant	_____ %	\$ _____	Applicant	_____ %	\$ _____
Other	_____ %	\$ _____	Other	_____ %	\$ _____
Total	100 %	\$ _____	Total	100 %	\$ _____

F. Funding Agency: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____

Phone: _____

G. Expected Funding Date: _____

H. Deadlines (if any): _____

I. Length of Project: Years: _____ Months: _____

II. Project Description:

A. Specific Objectives: (Continue of back if necessary)

B. Were the proposed activities ever substantially the subject of a previous application? Yes: ____ No: ____

C. Need for Project (List Sources):

D. Eligibility and Target Group:

E. Geographic Area of Impact:

F. Type of Program:

Planning: ____ **Research:** ____ **Construction:** ____

Direct Services: ____ **Indirect Services:** ____ **Other:** ____

III. Coordination of Project

A. Is there a formal plan that describes the need? Yes: ____ No: ____

B. List similar projects in the area:

C. How do you coordinate services with similar projects?

<u>Activity</u> to be Coordinated	<u>Agency</u> to be Coordinated with
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

D. List agencies/groups giving letter of support for the project:

E. Has an environmental impact assessment been prepared?

Yes: ___ No: ___ Not Required: ___

IV. External Evaluation

A. Is an external evaluation required by the regulations? Yes: ___ No: ___

B. Will an evaluation be conducted? Yes: _____ No: _____

C. Who will conduct the evaluation (be specific)?

D. When will the evaluation be conducted?

E. Are quarterly, semi-annual or annual reports required?

Quarterly: _____ Semi-Annual: _____ Annual: _____

F. Will periodic report be prepared for in-house use? Yes: ___ No: ___

G. Will this proposal be reviewed by any other agencies or Councils of Government? Yes: _____ No: _____ If yes, who and when?

V. Project Budget Breakdown

Line #	Project Activity	% of Total	Amount
1	Personnel		
2	Fringe Benefits		
3	Indirect		
4	Telephone & Postage		
5	Reproduction		
6	Travel		
7	Allowances/Stipends		
8	Space Rental/Utilities		
9	Bldg.. & Equipment Maintenance		
10	Staff Training		
11	In kind		
12	Services		
13	Contractual		
14	Acquisition of Real Property		
15	Equipment Purchase and/or Rental		
16	Construction Costs		
17	Consumable Supplies		
18	Architectural and/or Engineering Fee		
19	Inspection Fees		
20	License & Permit Fees		
21	Legal Fees		
22	Project Evaluation/Audit Expenses		
23			
	TOTAL PROJECT COST		

VI. Continuation Applications (Only)

A. Will a progress report be prepared prior to submitting a continuation application? Yes: _____ No: _____

If yes, when will it be prepared?

B. If required, will a fiscal audit be done prior to submitting a continuation application? Yes: _____ No: _____

If yes, when will it be done? Submit prior management letter on audit.

C. List changes in this application from previous year:

D. Previous Year's Performance:

E. List reports and/or evaluations prepared for this program last year:

1. _____

2. _____

3. _____

4. _____

F. Description of evaluation results? (Continue of back if necessary)

VII. State/Regional Applications (only)

A. Narrative of proposed services for the tri-county area?

B. How much of the total budget will be allocated to this tri-county area (list both the dollar figure and percentage)?

C. Contact person:

Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____

D. Is there a local office in this tri-county area? Yes: _____ No: _____
If yes, where is it located?

E. If applicable, list a **Local** contact person:

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____

***Note: Tri-County area denotes Cameron, Hidalgo & Willacy Counties.**