

**Application Completion Instructions:**

Complete the Project Digest Form using the instruction provided below. You are free to cut and paste material from your completed application, but please be concise, brief and to the point. Email the Project Digest Form to the following address [bsalinas@lrgvdc911.org](mailto:bsalinas@lrgvdc911.org). Once the Project Digest Form is received your project will be placed on the agenda for review the following month. The deadline is the end of the month. Meetings are always held on the 2<sup>nd</sup> Wednesday of the month, except on holidays.

<b>Applicant Information:</b>	Self Explanatory
<b>Funding Information:</b>	Amount requested and percentage of total request for each appropriate line.
<b>Signature:</b>	Authorized Representative should sign the Project Digest Form.
<b>Funding Agency:</b>	Self Explanatory
<b>Project Description:</b>	a. Enter a brief description of the project. List specific goals and objectives for the project. b. Need of Project: Self Explanatory c. Eligibility and Target Group
<b>Coordination of Project:</b>	Self Explanatory
<b>External Evaluation:</b>	Self Explanatory
<b>Grant Budget Summary:</b>	Enter amount requested for each line item budget under budget categories. In category where funding is requested detail your line budget request and a brief narrative for that budget category.



# Lower Rio Grande Valley Development Council

## Project Digest

### 1. Applicant Information:

Applicant/Receiving Party:	Project Title:
Primary Project Contact - Authorized Representative:	Project Contact Title:
Street Address:	Primary Project Contact's Direct Telephone/Fax:
City:                      State:                      Zip Code:	Email Address:
Street Address:	Primary Financial Contact's Direct Telephone/Fax:
City:                      State:                      Zip Code:	Email Address:

### 2. Funding Information:

	% of Total		Funding Request
Federal Funding	%		\$
State Funding	%		\$
Local Funding	%		\$
Applicant Funding	%		\$
Other Funding	%		\$
Inkind	%		\$
<b>Total Funding</b>	<b>100%</b>		<b>\$</b>

<b>Signature:</b>	<b>Title:</b>
<b>Typed/Printed Name:</b>	<b>Date:</b>

**3. Funding Agency:**

Funding Agency:			Estimated Projected Time Frame:
Address:			Expected Funding Date:
City:	State:	Zip:	Deadlines (if any):
Contact Person:			Phone:

**4. Project Description:**

a. Specific Measureable Program Goals and/or Objectives: (Continue on back if necessary)
b. Need for Project: (List Sources)
c. Eligibility and Target Group:
d. Geographic Area of Impact: (city and/or counties)
e. Type of Program: (Planning, Research, Construction, Direct Services, Indirect Services, or Other)

**5. Coordination of Project:**

a. Is there a formal plan that describes the need: (Yes/No) If yes identify plan.		
b. List similar projects in the project area:		
c. How do you coordinate services with similar projects?	Activity coordinated:	Agency coordinating with:
d. List agencies/groups giving letter of support for the project:		
e. Has an environmental impact assessment been prepared? (Yes/No/Not Required)		

**6. External Evaluation:**

a. Is an external evaluation required by 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:
f. Will this proposal be reviewed by any other agencies or Councils of Government: Yes/No If yes who & when:

**7. Grant Budget Summary:**

Budget Categories	% Total	Funding Request
1. Personnel (Salary)	%	0.00
2. Fringe Benefits	%	0.00
3. Travel	%	0.00
4. Supplies	%	0.00
5. Equipment	%	0.00
6. Construction	%	0.00
7. Contractual	%	0.00
8. Other	%	0.00
9. Indirect charges	%	0.00
10. Other	%	0.00
<b>TOTAL</b>	<b>%</b>	<b>0.00</b>

1. Personnel (Salary)					
Position	Function	Status FT/PT, perm/temp	Monthly Salary	Time (%FTE)	Salary Request
					0.00
					0.00
					0.00
					0.00
					0.00

Narrative: *(In any category where funding is requested, the Narrative must be completed.)*

**3. Travel**

Position	Destination	Purpose	Travel Request

Narrative: *(In any category where funding is requested, the Narrative must be completed.)*

**4. Supplies (Unit cost of less than \$1,000)**

Description	Purpose	Supply Request

Narrative: *(In any category where funding is requested, the Narrative must be completed.)*

**5. Equipment (Unit price of \$5,000 or more)**

Description	Purpose	Equipment Request

Narrative: *(In any category where funding is requested, the Narrative must be completed.)*

**6. Construction**

Description	Purpose	Sub-Contracted (Y/N)	Construction Request

Narrative: *(In any category where funding is requested, the Narrative must be completed.)*

**7. Contractual**

Contractor	Purpose	Contractual Request

Narrative: *(In any category where funding is requested, the Narrative must be completed.)*

**8. Other**

Type Other	Description	Purpose	Other Request

Narrative: *(In any category where funding is requested, the Narrative must be completed.)*