

CRD GRANT PROPOSAL REVIEW FORM

Program: ICIP: Community, Culture and Recreation Fund

SECTION 1: Applicant Information				
CRD DEPT.	SERVICE NAME: CHECK WITH A FINANCIAL ADVISOR TO VERIFY SERVICE NAME AND NO. LEAVE BLANK IF NOT APPLICABLE.			SERVICE NO.:
SELECT THE AREA(S) OF THIS THE PROJECT:		LIST THE COMMUNITY/IES THE PROJECT WILL DIRECTLY BENEFIT:		
SECTION 2: The Case for Grant Program Alignment				
PROJECT TITLE:			SPECIFY THE <u>OUTCOME</u> :	
DESCRIBE HOW THE PROJECT EXCELS AT MEETING THE <u>SELECTION PROCESS CRITERIA</u> .				
PROJECT COST (EST.):	MATCHING FUNDING AMOUNT:	MATCHING FUNDING SOURCE (<u>See 1.5; See 5.2</u>)	<u>EVIDENCE OF SECURED FUNDS</u> :	
SECTION 3: The Case for CRD Priorities and Plans Alignment				
SELECT THE BOARD PRIORITY, CORPORATE PRIORITY, AND REGIONAL GROWTH STRATEGY (RGS) OBJECTIVE THAT THE PROJECT MOST CLOSELY ALIGNS WITH:				
DESCRIBE THE IMPACT ON YOUR SERVICE PLAN OF ACCOMMODATING THIS EMERGENT GRANT EFFORT:				
DESCRIBE HOW THIS EMERGENT GRANT EFFORT RELATES TO AND AFFECTS THE CAPITAL PLAN:				
ELABORATE ON HOW THE PROJECT ALIGNS WITH AN RGS OBJECTIVE AND RELATED POLICIES (Refer to <u>RGS</u> for guidance with this question.)				
DESCRIBE HOW THIS EMERGENT GRANT EFFORT RELATES TO AN ASSET PLAN:				
SECTION 4: Project Area’s Grant Participation History ***SAVE FILE NOW BEFORE OPENING LINKS BELOW***				
# OF APPLICATIONS IN PREVIOUS GRANT PROGRAM CALLS: NOT APPLICABLE: ICIP IS A NEW PROGRAM	# OF GRANT AWARDS IN PREVIOUS GRANT PROGRAM CALLS: NOT APPLICABLE: ICIP IS A NEW PROGRAM	GRANT PROGRAM FUNDS AWARDED TO PROJECT AREA: NOT APPLICABLE: ICIP IS A NEW PROGRAM		
REMINDER TO VIEW <u>LESSONS LEARNED</u> PERTAINING TO CRD PARTICIPATION IS SIMILAR GRANT PROGRAMS HISTORICALLY.				
SECTION 5: Project Attestations (Complete page 2 before completing this Section)				
CAPITAL REGIONAL DISTRICT PROJECT MANAGER:				
I certify that this project qualification form provides a truthful and accurate representation of the proposed project;				
I have reviewed the Program Guide carefully and attest that an application for this project can meet all the grant program requirements;				
I attest that the Service can amend its plan to allocate the resources needed for outcome achievement within the grant program timeline.				
NAME	TITLE	EMAIL	Tel. No.	MM/DD/YYYY

SAVE AND SUBMIT THE PROPOSAL TO:

ASSET MANAGEMENT DIVISION: Carlo Vijandre