

CRD GRANT PROPOSAL REVIEW FORM

Program: ICIP-Rural and Northern Communities Infrastructure

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 OUTCOMES - See Section 3:	
DESCRIBE HOW THE PROJECT EXCELS AT MEETING THE SELECTION PROCESS CRITERIA .				
PROJECT COST (EST.):	CRD COST SHARE (Eligible and/or Ineligible Costs)	CRD SHARE FUNDING SOURCE (See 1.5 ; See 5.2)	EVIDENCE OF SECURED FUNDS:	
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 RGS 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 LESSONS LEARNED 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](#)