

PRELIMINARY PROJECT ASSESSMENT FORM

DATE: _____

Recommended

NOT Recommended

REQUESTING ORGANIZATION: _____

PROJECT NAME: _____

PROJECT LOCATION: _____

BRIEF DESCRIPTION: _____

CONTACT PERSON: _____ Phone: _____

Fax: _____ Email: _____

AREA PLAN GOAL ADDRESSED (please check one):

- Goal A:** Maintain and enhance the quality of land and water resources by controlling erosion and sedimentation through implementation of environmentally sound programs directed toward balancing agriculture, silvicultural, industrial and rural development activities.
- Goal B:** Advance public stewardship to promote the protection of farmland and unique and important ecosystems.
- Goal C:** Promote and enhance water management strategies that provide the best quality of life by supporting projects that maintain or improve water quality and conserve water quantity.
- Goal D:** Provide community revitalization and economic development through improved infrastructure, facilities and training.

DESIRED RESULTS (incl. expected outcome, duration, what requesting organization will contribute, what can be reported): _____

EST. PROJECT COST (incl. possible funding sources): _____

ASSISTANCE NEEDED TO ACCOMPLISH PROJECT: (check all that apply)

_____ 501c(3) Grant Fiscal Agent

_____ Grant Administration/Bookkeeping

_____ Project Management

_____ Technical Assistance with Project (if funded)

_____ Grant Research

_____ Grant Writing

_____ Project Planning

Other: _____

POTENTIAL CHALLENGES/OBSTACLES TO PROJECT:

Other Notes: