RANDALL RESOURCE CONSERVATION AND DEVELOPMENT

P.O. Box 247, Lake Andes, SD 57356 Phone: 605-487-7077 Extension 4 Fax: 605-487-7651

APPLICATION FOR RC&D PROJECT ASSISTANCE

	Date:
Project Name:	
County:	
Sponsor:	
Co-Sponsor(s):	
Contact Person:	
Address:	
Phone Number:	
 Project Description: Provide a concise but brief des What problem/need does it address; number of acres; proje Continue on page 2 if necessary: 	scription of the project—who, what, when, where. ect costs and how provided (include other sources of funding).
Expected benefits to the community/RC&D A	rea.
2. Expected behind to the community/NOQD /	rou.
2. Time of acciptomac manuscated (shoot all appli	aahla).
Type of assistance requested (check all appli Technical Assistance Financial Assistance	cable). stance * Grantwriting
If direct Financial Assistance is being request (* Financial Assistance funds may not be available	ed, state the amount: \$
•	,
4. Local Contribution (donated materials, labor,	financial, land, Volunteers, etc. – identify contributor):
	_
5. Target Start Date://	Estimated Completion Date://
6. Estimated Total Project Cost: \$	

Page 2	
7. Additional Comments:	
I/we understand that the RC&D staff will serve as technical assist in locating needed resources.	advisor, help in planning the project and
It is further understood that I/we will be responsible for mos making about the project, and all the documentation/reporti this project as soon as circumstances allow.	t of the information gathering, all decision ng on the project. I/we intend to complete
Signature of Authorized Individual/Project Sponsor	Date
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * *
(FOR RC&D COUNCIL U	SE ONLY)

Yes _____ No ____

Comments:____

Approved/Adopted by Randall RC&D Council

Project Addresses Goal & Objective No._____

Chairperson

Element _____

Signed: _____