

Project #: _____

SOUTHWEST NEBRASKA RESOURCE CONSERVATION AND DEVELOPMENT

PROJECT PROPOSAL

611 Paxton Street, P.O. Box 86, Cambridge, NE 69022

Phone: 308-697-3477

Project Name: _____ DATE: _____

Project Area: _____ Estimated Total Cost: \$ _____

Sponsoring Group: _____

Contact Person: _____ Address: _____ Phone: _____

Project Description:

What other alternatives have been considered?

What benefits or impacts are expected?

Implementation strategy & Present Progress:

What assistance is expected from the RC&D? *Technical* : Yes No *Financial* : Yes No \$ _____

Please describe type of technical assistance needed:

Signed : _____

Title: _____

Date: _____

I hereby agree to serve as the authorized representative for this project with authority to direct the disbursement of funds held by Southwest Nebraska RC&D, Inc. for the explicit use of this project which will be implemented in accordance with the Federal mandates outlined in the Southwest Nebraska RC&D Area Plan.

OFFICIAL USE

Approved: YES ___ NO ___ Council Members Responsible _____

Signed _____ Title _____ Date _____

Submit