## Community Vitality Center - Mini Grant - Demonstration Project Proposal

Project					
	nt Organization				
	Contact Person				
	Address				
Phone		Fax	]	E-mail	
	tension Collaborator				
	Address		1 -		
Phone		Fax		E-mail	
E: 1 A	4	<u> </u>			
Fiscal A					
	ID of Fiscal Agent				
	agent Contact Person				
	Address	To	1,	E 21	
Phone		Fax		E-mail	
1. What i	is the <u>concept and/or id</u>	<u>ea</u> that you pro	opose to imp	lement?	
	vill your project <u>improv</u> 1 have specific <u>objectiv</u>			unity o	r rural area?
	n have <u>specific outcome</u> to evaluate the success			chieve o	r measurable indicators that you will be
5. What i	important <u>factors</u> were	considered in (	determining	the app	roach to use?

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6. Are there unique community characteristics, unique features, or key factors regarding the approach planned that led you to conclude this <u>approach</u> is appropriate for your community?
7. What led you to believe this concept is <u>needed or doable</u> in your community or region?
8. Where did the idea for your project come from and have you visited or found information about other communities that have used similar concepts? If so, please list them.
9. Are there specific <u>steps &amp; procedures</u> that are planned for implementation?
10. Who will be involved in making the decisions and implementing the steps?
11. How many existing and potential collaborators, local affiliates, or entrepreneurial enterprises or service providers do you anticipate being involved? (Please list)

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12. Provide a budget description for plans to utilize CVC grant funds and local match resources. And, if needed, provide additional detail per budget description item as needed in space provided below this table.

Fiscal agent:	FEIN #:	
	CVC Funds	Local
Budget Description (Insert rows/descriptions as needed)	Requested	Match
Salary and Benefits:		
Supplies & materials:		
Travel:		
Communication:		
Meetings and Conferences:		
Contracted services:		
Public Relations:		
Rental:		
Administrative/Overhead:		
Other:		
Total Cost		

## **Additional Budget Description Detail (as needed)**

- 1.
- 2.
- 3.
- 4.

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