**PROJECT DESCRIPTION**

1. **Project Title:**
2. **Lead Organization:** **Name:**

**Address:**

 **Address2:**

**City, GA Zip:**

**Phone:**

**Fax:**

 **Primary Contact:** **Name:**

 **Title:**

 **Organization:**

 **Address:**

 **Address2:**

 **City, GA Zip:**

 **Phone:**

 **Fax:**

 **E-mail:**

 **Project Start Date:**

 **Project End Date:**

 **Grant Amount:**

 **Match Amount:**

 **Cash Amount:**

 **Total Project Amount:**

1. **Project Goals:**

*(Insert Text)*

1. **Project Background:**

*(Insert Text)*

1. **Project Activities:**

*(Repeat Format Below as Needed)*

**Project Activity #1:**

*(Insert Text)*

**Tasks 1:**

*(Insert Text)*

**Deliverables:**

*(Insert Text)*

**Measures of Success:**

*(Insert Text)*

**Tasks 2:**

*(Insert Text)*

**Deliverables:**

*(Insert Text)*

**Measures of Success:**

*(Insert Text)*

**Project Activity #2:**

*(Insert Text)*

**Tasks 1:**

*(Insert Text)*

**Deliverables:**

*(Insert Text)*

**Measures of Success:**

*(Insert Text)*

1. **Roles and Responsibilities of Partnering Organizations:**

|  |  |
| --- | --- |
| **Organization Name** | **Specific Responsibilities**  |
| *(Lead Organization)* | * Execute grant contract with GAEPD
* Provide 40% (indicate if greater) of total project costs in matching funds or in-kind services (if match comes from other sources, they must be included as partnering organization responsibilities)
* Request payments from GAEPD on a quarterly basis
* Pay funds to appropriate contractor(s) and vendor(s) and request reimbursements from GAEPD
* Track all grant funds expended and all match values provided in accordance with the implementation schedule
* Track all project activities in accordance with the implementation schedule
* Complete and submit quarterly progress reports and invoices to GAEPD by January 15th, April 15th, July 15th, and October 15th of each project year
* Complete and submit close-out report at conclusion of project
* ***(ADD OTHERS AS APPROPRIATE)***
 |
| **GAEPD** | * Provide 60% of total project costs
* Review and approve project deliverables
* Participate in meetings, as appropriate
* Review and assist as needed with Grant protocols
* Provide project oversight and contract management
* Provide monitoring guidance and training
 |
| *(Partnering Organization)* | * Responsibilities
* % match provided (indicated cash or in-kind)
 |
| *(Partnering Organization)* |  |

1. **Project Location:**

*(Insert or Attach Map)*

1. **Project Budget:**

| **Item** | **Item Class Category** | **Grant Funds****(60% Maximum)** | **Matching Funds (40% Minimum, 10% as cash)** | **Total** |
| --- | --- | --- | --- | --- |
| A | Personnel:One (1) (Name position if any) - ? FTE ($?/year) for 1 yearDescription of Duties: (explain here) |  |  |  |
|  | **Sub Total:** |  |  |  |
| B | Fringe Benefits:One (1) (Name position if any) - ? FTE (?%) for 1 year |  |  |  |
|  | **Sub Total:** |  |  |  |
| C | Travel:Staff Position: (Name position if any)Purpose of Travel: (Explain here)? miles x $.565/mile |  |  |  |
|  | **Sub Total:** |  |  |  |
| D | Equipment:Equipment: (What kind)Purpose/use: (describe) |  |  |  |
|  | **Sub Total:** |  |  |  |
| E | Supplies:Supplies: (What kind)Purpose/Use: (describe) |  |  |  |
|  | **Sub Total:** |  |  |  |
| F | Contractual:Contractor Name: (enter name)Description of Duties: (describe) |  |  |  |
|  | **Sub Total** |  |  |  |
| G | Other:  |  |  |  |
| **Sub Total** |  |  |  |
| H | **Total Direct Charges:****(Sum of A-G)** |  |  |  |
| I | Indirect Charges:Indirect Charge Rate | N/A |  |  |
| J | **Total:**(Sum of H and I) |  |  |  |

1. **Project Implementation & Drawdown Schedule:**

*(Attached Excel Spreadsheet)*

1. **Project Attachment(s):**

*(List all documents attached to the application)*