



Project Proposal Application

Print this form, fill out and fax to Pilot View Inc. at (336) 750-0177
or mail to 2631 Reynolda Rd., Winston-Salem, NC 27106

Proposals are accepted bi-annually (April 1 and October 1)

SPONSOR DATA

Sponsor Name: _____

Date: _____ Contact Person: _____ Telephone: _____

Address: _____

City, State, Zip: _____

PROJECT DATA

Project Name: _____

Assistance Type Requested (check one or more):

- Technical Assistance Info/Ed. Activities Organizational
 Planning Assistance Grantwriting Support Other

PROBLEM STATEMENT

Describe the problem and its effects on the local community or area. If no direct effects, describe how solving the problem will improve the quality and/or quantity of the resources affected or improve the social, economic or environmental well being of the region.

OBJECTIVE

List all possible alternatives to the problem and cost (if known) of each.

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BENEFITS

State the effects that the completed project will have on the economic, social & environmental conditions of the area.

IMPLEMENTATION STRATEGY *

List the actions that will be taken to implement and accomplish the plan.
List names of individuals, agencies, organizations, etc. that will assist with the implementation

ACTIONS	WHO	FUNDING
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** If approved, you may be required to submit a more detailed proposal before assistance is provided.*

FOR COUNCIL USE ONLY

* This measure addresses Objective # _____, Goal _____ of the Pilot View Inc., (RC&D) Area Plan.

* Reviewed by the Pilot View Inc., (RC&D) Board on _____ (date).

Action taken: _____ Approved - _____ Disapproved - _____ Additional Data Needed

* Assigned Measure #: _____

Signed: _____ Date: _____