

Section I. Cover Sheet

Implementing Agency Name:

Federal Tax ID Number: Contact

Person's Name and Title: Mailing

Address:

Telephone Number:

Email:

Authorized Fiscal Officer's Name/Title:

Mailing Address:

Telephone Number:

Email:

Project Director Name/Title:

Project Title:

Mailing Address:

Telephone Number:

Email:

Project Type:

List each Project Location address, contact person, title and phone number:

Application Prepared by:

Signature:

Date:

Section II. Project Plan Narrative

Describe the project in detail. Include a general description of the project, the problems you are facing in your community, the needs of your organization, the target population of your project and any project goals and objectives you may have. Please include how you will evaluate the project and any outcome measures you will use at the completion of the project. Attach letter(s) of support from the organizations you collaborate with and your government officials.

Section III. Project Budget

Total MCDAC Requested Amount of Funding:

Total Cost of Project:

Applicant Cost Share of Project:

Type of Cost	Total Project Cost	MCDAC Requested Amount	Other Source Amount
Salary			
Benefits			
Equipment Purchase/Lease			
Other (Please detail any other project costs here):			
Total:			

The above financial report reflects true and accurate information to the best of our knowledge and belief.

Fiscal Officer:

Date:

Section III: Project Budget

A. Personnel

Position:

Name/Vacant:

Total Hours:

Hourly Rate:

Total Wages:

(SRO's max 200 days = 1600 hours)

Employers Share of Monthly Rate (Fringe Benefits or % Rate)			Eligible Wage Amount or # of Months		Employer's Share of Fringes
PERS or STRS		X		=	
Medicare		X		=	
FICA		X		=	
Other Pension (PERS Additional)		X		=	
Health Insurance		X		=	
BWC		X		=	
Unemployment		X		=	
Other		X		=	
			Subtotal Fringes	=	
			Subtotal Salary	+	
			Personnel Total	=	

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Section III: Project Budget

B. Equipment

Equipment	Purpose	Expense
Total Equipment Expense:		

Section III: Project Budget

C. Other Expenses

Please detail any expenses that are not include in the personnel or equipment sections.

Other	Purpose	Expense
Total Other Expense:		