



Warren County Board of Supervisors Use:
Date received: _____
Received by: _____

Program or project title: _____

Implementing organization: _____

Contact name: _____

Telephone: _____ Email: _____

Problem statement or need: _____

Proposed solution (products, programs or services to be provided): _____

Anticipated impact/ benefits to population served: _____

Measures for evaluating success: _____

Implementation timeline/ milestones: _____

Project endorsement received from other individuals or organizations? *Circle: Y/N*

If yes, by whom: _____

Total approximate project cost: *Circle: One-time / Annual (up to 3 years)* \$ _____

Major categories of total cost, as applicable: 1. _____ \$ _____

Major categories of total cost, as applicable: 2. _____ \$ _____

Major categories of total cost, as applicable: 3. _____ \$ _____

Funding requested from Warren County: \$ _____

Sources of additional funds and other resources, including grants and in-kind contributions:
