

Threshold To Maine Resource Conservation and Development (RC&D) Area  
PROJECT PROPOSAL FORM

For More Information, contact:  
Mark E. Hews  
RC&D Coordinator  
Threshold To Maine RC&D  
Area  
67 Shaker Road  
Gray, ME 04039-9640  
[Red@cybertours.com](mailto:Red@cybertours.com)  
Phone 207.657.3131

Date Submitted: \_\_\_\_\_

<i>Project Name:</i>	<i>Applicant:</i>
<i>Address:</i>	<i>Town:</i>
<i>State, Zip:</i>	<i>Location of Project:</i>
<i>Phone:</i>	<i>e-mail:</i>
<i>Name of Contact:</i>	<i>RC&amp;D Sponsor(s):</i>

**Applicant Information**

Please describe your purpose. Briefly describe the types of activities in which you engage.

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Please list the name, address, and telephone number of a contact person (if different from above):

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If a specific person or another group is sponsoring or promoting the project, please identify the person or group and provide an address and phone number:

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**Project Purpose:** (Please indicate if this is a new project, part of an existing project, or complements another project)

**Project Description:**

What is the goal of the project?

What activities or work must be done to complete the project?

What are the expected results and/or benefits?

Why do you think this project is needed, and/or what issue is being addressed?

How could this project impact agriculture regionally or statewide?

Who will benefit if the project is completed? If applicable, please include a geographic region that may benefit, such as a town, a county, a group of towns or counties, a particular region of Maine, or the state.

What is the estimated time period for the entire project? If an ongoing event, what is the estimated time period to get organized and handle all activities up to holding the event for the first time?

### **Project Resources**

Please identify the RC&D contact for this project:

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Please identify the level of resources the applicant has available or committed to the project, by checking one of the following:

- Local participation is in place (applicant is committed to working on the project)
- Local participation is available, but must be organized
- The possible extent of local participation is unknown and a search process must be undertaken
- Other participation is committed (please identify - such as professional groups, people who may not be in the local area of the project, businesses, private organizations, government agencies, etc.)

**Assistance Needed:** (Please include an estimate of time from Council members and staff)

What type of assistance are you requesting from Threshold to Maine? Please check all that apply.

✓	Assistance	✓	Assistance
	Financial donation One-time _____ Several times _____ Ongoing _____		Meeting facilitation One-time _____ Several times _____ Ongoing _____
	Assistance with fundraising One-time _____ Several times _____ Ongoing _____		Consulting services for agriculture-related issues One-time _____ Several times _____ Ongoing _____
	Organizational consulting One-time _____ Several times _____ Ongoing _____		Event organization and coordination One-time _____ Several times _____ Ongoing _____
	Other: please describe the type of assistance requested, and whether it is a one-time, several time, or ongoing request.		
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**Financial Information:** (Please indicate funds secured and needed)

Please estimate the total cost for conducting the project.

Please identify the level of funding that is currently committed:

- \_\_\_ Funding is in place
- \_\_\_ Partial funding is in place
- \_\_\_ No funding is in place

Please estimate possible additional resources for funding:

- \_\_\_ Contact made with several sources, decisions pending
- \_\_\_ Possible additional financial contributors are unknown

Sponsoring Group Official: \_\_\_\_\_  
(Signed) (Date)

Council Champion: \_\_\_\_\_  
(Signed) (Date)

## PROJECT EVALUATION COMMITTEE REVIEW:

Committee Member	Weighted Score Assigned To Project
York	
Cumberland	
Oxford	
Franklin	
<b>Total</b>	

(Please attach all project evaluation forms)

**Action:**

Adopt \_\_\_\_\_ (Based on High Score Received)

Need Additional Information \_\_\_\_\_ (Based on Medium Score Received)

Return with suggestions for other assistance \_\_\_\_\_ (Based on Low Score Received)

Council Member Assigned: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

### Council Board Meeting Review

Date Action Taken: \_\_\_\_\_

Comments from Council:

Council Chair Signature: \_\_\_\_\_