



**Impact Analysis Grant Program
Project Input Form**

DATE:

ORGANIZATION:

ADDRESS:

PROJECT NAME:

CONTACT PERSON:

EMAIL:

PHONE:

WHAT COUNTY IS YOUR PROJECT LOCATED IN:

PROJECT DESCRIPTION (ATTACH ADDITIONAL PAGE IF NECESSARY)

COMPLETE IF APPLICABLE:

Estimated Construction Costs if any¹:

Estimate Equipment Acquisition Costs if any:

**If you need assistance or have questions about the form contact Rob Gilmore at
robgilmore@msn.com**

Please scan/email the completed document to robgilmore@msn.com

¹ For construction projects please include architectural and engineering estimates if known