North Carolina Council on Developmental Disabilities (NCCDD)

***PROJECT PROFILE***

**RFA # / Title of Project**:

|  |  |
| --- | --- |
| **APPLICANT****AGENCY** | NAME:ADDRESS:CITY, STATE, ZIP CODE:TYPE OF AGENCY OR ORGANIZATION: 🗌 State 🗌 Private non-profit 🗌 Other/Public COUNTY HEADQUARTER: 🗌 Poverty County 🗌Non-poverty County*(See list of Designated Poverty Counties on page 7 of Application)*APPLICANT AGENCY FISCAL YEAR: Begin\_\_\_\_/\_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_/\_\_\_\_ |
| **AUTHORIZED****OFFICIAL**(OF APPLICANT AGENCY) | NAME:TITLE:EMAIL ADDRESS: TELEPHONE: ( ) FAX: ( ) SIGNATURE: |
| **IMPLEMENTING****AGENCY** **(IF DIFFERENT FROM APPLICANT AGENCY**) | NAME:ADDRESS:CITY, STATE, ZIP CODE:CONTACT PERSON:EMAIL ADDRESS:TELEPHONE: ( ) FAX: ( ) IMPLEMENTING AGENCY FISCAL YEAR: Begin:\_\_\_/\_\_\_/\_\_\_ End: \_\_\_/\_\_\_/\_\_\_ |
| **PROJECT DIRECTOR** | NAME:ADDRESS:CITY, STATE, ZIP CODE:EMAIL ADDRESS: TELEPHONE: ( ) FAX: ( )  |

MINIMUM & ACTUAL FINANCIAL INFORMATION AT A GLANCE

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **YEAR****\_\_\_of\_\_\_**  | **NCCDD SHARE** | **MATCHING** | **SHARE****\_\_\_\_\_\_\_%** | **TOTAL****BUDGET** |  | **NCCDD SHARE** | **MATCHING** | **SHARE****\_\_\_\_\_\_\_%** | **TOTAL****BUDGET** |
|  | **\_\_\_\_\_%** | **CASH** | **IN-KIND** |  |  | **\_\_\_\_\_%** | **CASH** | **IN-KIND** |  |
| **Required Minimum** |  |  |  |  | **Actual** **Proposed** |  |  |  |  |

Project Start Date:\_\_\_\_/\_\_\_/\_\_\_\_ Project End Date: \_\_\_/\_\_\_ /\_\_\_