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: \_\_\_/\_\_\_ /\_\_\_