**Rural Innovation Fund**

**Initial Project Assessment**

Once completed, please submit via email to OED@dca.ga.gov .

Applicant

Primary Applicant Name:

Primary Applicant Address:

Primary Applicant Contact Phone

Primary Applicant Email:

Application Preparer Name:

Application Preparer Contact Phone

Application Preparer Email:

Project Description

 Type of Project:

 Start Date:

 Completion Date:

Project Financing

Total Project Cost:

Funding Amount Requested:

What other sources of funding have been or are currently being pursued?

Project Design

Project details that are specific to the funding request:

Describe the scope of the project including each activity, overall strategy, readiness issues, and the need for financial assistance:

Identify all entities (private and public) involved in carrying out the project and describe specific roles of each participating entity: