



**ARP**

Stakeholder Committee

## CURRY COUNTY ARP COMMITTEE

**SUBMIT TO:** CURRY COUNTY  
BOARD OF COMMISSIONERS OFFICE  
94235 MOORE STREET, SUITE 122  
GOLD BEACH, OR 97444  
[BOC\\_OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

### APPLICATION FOR FUND DISTRIBUTION

	Project Name:	
	Date Submitted:	
	<b>I</b> <b>APPLICANT INFORMATION</b>	
<b>a</b>	Name:	
<b>b</b>	Organization:	
<b>c</b>	Mailing Address:	
<b>d</b>	Contact Phone:	
<b>e</b>	Contact Email:	
	<b>II</b> <b>PARTNER INFORMATION:</b> (Please list partner entities and their projected contribution – attach additional sheet if necessary)	
<b>a</b>	Partner 1	
<b>b</b>	Partner 2	
<b>c</b>	Partner 3	
	<b>III</b> <b>SCOPE OF PROJECT</b>	
<b>a</b>	Amount Requested:	
<b>b</b>	Total Cost: (complete attached budget form and include any matched funds)	
<b>c</b>	Area(s) Served:	
<b>d</b>	Have you previously applied to this Committee for Fund Distribution?	<input type="checkbox"/> YES <input type="checkbox"/> NO

#### FOR OFFICE USE ONLY

APPLICATION #: \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_  
DATE OF DISTRIBUTION: \_\_\_\_\_

e	Which ARP priority are you addressing? (see attachment)		
f	Is this project included in a local Action Plan?		<input type="checkbox"/> YES <input type="checkbox"/> NO
g	If yes, please list Plan:		
h	Describe the issue addressed by this Project: (200 words or less)		
i	Describe the solution provided by this Project: (200 words or less)		
j	Does the project require permitting of any kind?		<input type="checkbox"/> YES <input type="checkbox"/> NO
k	If so, please list the status of permit acquisition:		
	<b>IV</b> <b>STATUS REPORTING</b>		
a	Party responsible for status reports:		
b	Mailing Address:		
c	Contact Phone:		
d	Contact Email:		
	<b>V</b> <b>ATTACHMENTS</b>		
a	Project Budget	<input type="checkbox"/>	
b	Statement of Equity	<input type="checkbox"/>	
c	Letter of Support	<input type="checkbox"/>	
d	Other (please list)		