



Project Concept Form

Project Title: _____

Project Overseer: _____

Address: _____

Telephone number(s): _____

Purpose or goal of project (brief description): _____

Please describe how this project will impact Lower Dauphin (LD) students and the LD community. Include information such as the number of students affected, how often, in what way, and for what period of time. Please merge with this form to create one PDF file if providing other supporting documents.

Please indicate what you are asking of LDFFF by placing an X next to the applicable item.

To provide funding for the entire project in the amount of \$ _____

To provide partial funding for the project in the amount of \$ _____

The remainder of the funding will be provided by _____

To receive, manage and disburse donor-directed funds for this project.

Attach a list of current committed donors and the projected donation amounts.

The project cost is estimated at \$ _____

(To be completed by LDFFF)

Date Form Received: _____

Approved Denied Date of Decision: _____

Signature of LDFFF Board Officer: _____

If this project takes more than several months to complete, please provide an estimated project timeline, which includes major milestones for the project, as an attachment. For example, include items such as matching-grant proposal development and submission deadlines, personnel hiring deadlines, feasibility study completion date, course syllabus completion, and project completion date.

Please provide an estimated project budget with available support documents.

Please attach any additional pertinent information to this proposal, such as cost analysis, feasibility studies, architectural renderings, survey results, etc.

Completed Project Concept Forms with accompanying documents *(all merged into one PDF file, if possible)* can be submitted for review by emailing foundation@ldsd.org.