

Nevada Earthquake Safety Council

NE SC Project Proposal Form

Project Title:		Date Submitted:	
Responsible Organization:			
Contact Person:		Telephone	
Address:			

Project Information:

Project Overview / Scope: *(Brief information on the goals, objectives and parameters of the project.)*

Work Plan Summary: *(Brief information on action plans, schedules, milestones or project activities.)*

Justification / Benefit: *(Brief information on need, mitigation effects or benefits from this project.)*

Finance Information:

Total Estimated Project Costs: *(Estimated budget totals only, no detail with this summary sheet.)*

Source and Percentage of Matching Funds: *(If applicable. Identify percentage of above total.)*

Council Review Date:		Plan Year:		Priority Rating:	
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