

## Form A – ACAC Project Plan

<p>County ACAC: _____</p> <p>County ACAC Contact Person: _____ Phone Number: _____ Email: _____</p> <p>Date of Application: _____</p> <p>Project Title: _____</p> <p>Person(s) Responsible for Overseeing Project: _____</p>	
<p>Have you received grant funding from GCDE before? If so, did you submit a project completion summary report or would you like to at this time (this is required to be considered for funding)? _____</p>	
<p>Brief Summary of Project: _____</p>	
<p>ACAC's Rationale or the Story Behind Recommending the Project: _____</p>	
<p><b>Objectives/Deliverables:</b> (What are the specific objectives and deliverables for the project?)</p>	<p>_____</p>
<p><b>Benefits:</b> (What are the benefits to people with disabilities in your community?)</p>	<p>_____</p>
<p><b>Project Implementation/ Success Criteria:</b> (How will you measure the success of the project? Can the project be fully implemented in one year?)</p>	<p>_____</p>
<p><b>Non-Financial Resources Required:</b> (What resources are needed?)</p>	<p>_____</p>
<p><b>Potential Partners:</b> (What entities are joining in achieving this project? What are these partners going to contribute to its success? What is the plan for outreach/recruitment?)</p>	<p>_____</p>
<p><b>Potential Concerns:</b> What stakeholders may have concerns with this project? What do you anticipate those concerns to be?</p>	<p>_____</p>