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Program Proposal & Application

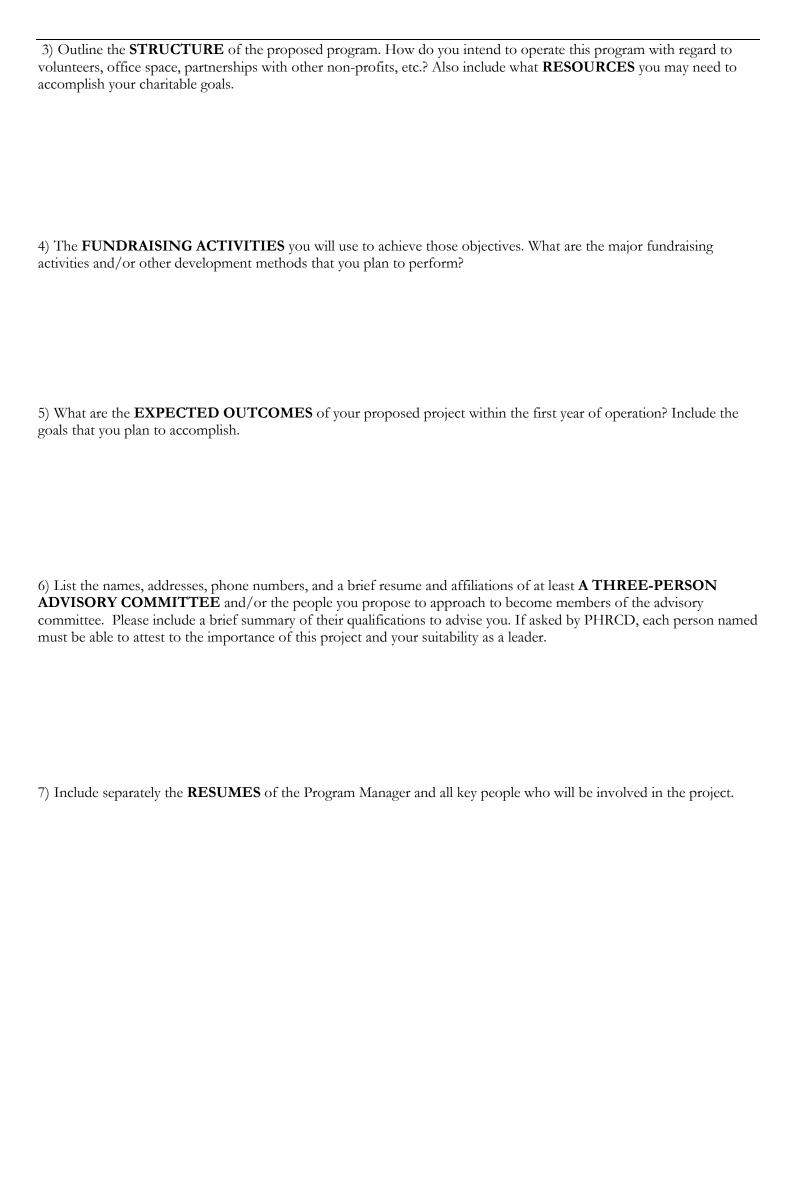
Proposed Program Manager (M	ay not be a contributor):	
Address:	City/State/Zip:	
Daytime Phone:	Cell:	Fax:
Email:	Social Security Number:	Birth Date:
Referred by (if applicable):		
Address:	City/St	ate/Zip:
Daytime Phone:	Email Address:	
Signature:		Legal Agreement Attached 🗖

PHRCD Program Proposal

(Please complete the following and include the additional items on separate pieces of paper as necessary. Hand-written applications will not be accepted. Please initial at the bottom of each page to indicate that you have read and understood each item on the page.)

1) The **DESCRIPTION** of your program. Please include in the full description the MISSION statement for your proposed program. This is a short, 3-5 line statement that will be used on your acceptance certificate.

2) Define the **NEED** you propose to address with your program. Evaluate the needs of your geographic area with respect to your objectives. You should have both short-term and long-term objectives. Evaluate similar projects and services in your market area to differentiate your program.



Statement of Understanding

I submit the following proposal for your review and consideration for approval. I certify that I have read and will comply with the **Legal Agreement** attached. I understand that it may take **up to six weeks for PHRCD to review this program application**, and that \$100 of the application fee is non-refundable.

Additionally, if necessary for the proposed program parameters, I hereby authorize PHRCD or an agent of

PHRCD to conduct a background check in connection with my application as a Program Manager. Signature: ___ Printed Name: _____ Date: ____ **Application Fee: \$385** (This fee is not tax-deductible as a charitable gift. \$100 of the application fee is nonrefundable.) Please send completed form and signed Legal Agreement to the address on the front of this form. Attach a Check payable to "Prairie Hills RCD" or use a Credit Card. □ Discover ☐ MasterCard ☐ American Express Credit Card #: ______ S Digit Code _____ Name on Card: Billing Address: __ City, State, Zip: To be completed by PHRCD Staff Only: Date Received: _ Approved By: _____ Approval Date: ___