

**Arizona Department of Agriculture
Livestock Operator Fire and Flood Assistance Grant Program (LOFFAP)**

PROJECT PROPOSAL FORM

Fill in all information on this page.

1. Project Title - <i>Please limit the length of the title to five to seven words.</i>
2. Project Summary - <i>Sum up the overall project in a few sentences.</i>
3. Type of Project - <i>check all that apply:</i> <input type="checkbox"/> Well repair or replacement <input type="checkbox"/> Building repair or replacement (Must be an essential component to the livestock operation). Describe: _____ <input type="checkbox"/> Fence repair or replacement <input type="checkbox"/> Pipeline repair or replacement <input type="checkbox"/> Spring and water distribution repair or replacement <input type="checkbox"/> Corral repair or replacement <input type="checkbox"/> Equipment. (Must be an essential component to the livestock operation). Describe: _____ <input type="checkbox"/> Other essential component to the livestock operation Component Name: _____ Essential Function: _____
4. Proposed Project Will Take Place On - <i>check all that apply:</i> <input type="checkbox"/> Private Property Estimated # of acres impacted _____ <input type="checkbox"/> State Trust Land Estimated # of acres impacted _____ <input type="checkbox"/> Federal Land Estimated # of acres impacted _____
5. Wildfire Name _____ Year _____
6. Associated Flooding Loss Date: _____. Describe how flooding resulted from the wildfire: _____ _____ _____
7. Project Start Date: _____ Project End Date: _____

8. Location of Project:

Section: _____ **Township:** _____ **Range:** _____

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Section: _____ **Township:** _____ **Range:** _____

9. Applicant Information:

Applicant Name:

Operation Name:

Address:

Address:

City:

State:

ZIP Code:

County:

Phone:

Email:

10. Project Manager/ Contact Person - *Individual who will have day to day knowledge or management of the project and should be contacted if clarification is required (if different than applicant name):*

Name:

Title:

Address:

Address:

City:

State:

ZIP Code:

Phone:

Email:

11. Project Costs:

LOFFAP Funds Requested: \$ _____ (Not to exceed 50% of Total Project Costs or \$250,000 per wildfire and flooding event)

Funds from another Agency: \$ _____

Agency Name: _____

Funds from Applicant: \$ _____

Total Project Costs \$ _____ (Total Project Costs must equal the total on the budget form included in the application)

12. Project Purpose:

Please address the following questions:

Why is the project needed?

What problem is addressed by the project?

What will the project accomplish?

13. Scope of Work:

Please address the following points:

Project location (including type of land project will take place on)

Key personnel - who will be doing the work

Timeline – When will work be done, etc.?

Schedule of Tasks, Deliverables and Payments (see page 15 of this Manual for instructions and sample Schedule of Tasks)