



Project Submission Form

Torchbearers Class XI

Please provide the information requested and your proposal will be considered for adoption by the next Torchbearers Class. Incomplete proposals or proposals that lack clarity will not be considered. PLEASE PRINT.

Organizational Information

Company/Organization Name:

Contact Name:

Address:

City:

Zip Code:

<input type="text"/>	<input type="text"/>
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Office Number:

Cell Number:

<input type="text"/>	<input type="text"/>
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E-mail Address of Specific Contact:

Project Name:

Project Address:

Project

Zip Code:

<input type="text"/>	<input type="text"/>
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Project Purpose

1. What is the mission or objective of this project? Please be specific.

2. Please use complete sentences to provide a brief description of the service(s) you are requesting the Torchbearers Class members to perform.

3. Specifically who will be served by this project?

4. Approximately how many people will benefit?

Project Plan

1. In your opinion, are six to eight people capable of implementing this project over the next five or six months?

Yes No

Explain:

2. Who will oversee the project and who will assist the Torchbearers in staying on schedule (if different from the person listed above)?

3. Will the contact be on or off location during the implementation of the project?

On Location Off Location

Explain:

4. What is your best estimation of the amount of time that will be required to complete this project?

5. Please provide specifications for this project. If project specifications are extensive or detailed, please add an additional page. Use bullet points.

6. To assist the Torchbearers in the execution of this project, please provide a description of what you feel will be the milestones required for executing the project and their corresponding due dates. If additional milestones will be required, please add an additional page, along with the corresponding due dates.

Milestone:

Due Date:

Milestone:	Due Date:

7. If funding will be required to implement this project, what will be the approximate cost?

8. How much of the cost will be contributed by the organization?

9. How much of the cost must be raised by Leadership Montgomery class members?

10. For what specific part of the project will these funds be needed?

11. Once this project is completed, will the organization be able to maintain the project without the assistance of additional volunteers?

Yes No

Explain:



Submit to: cheryl.johnson@leadershipmontgomery.org