



Community Action Team Project Proposal (due date: August 1)

Community Project Partner (organization): _____

Submitted by: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____ Email: _____

Please provide a brief description of your proposed project idea: _____

Project Information

Type of Project (circle one):

1. Staff Development

5. Community Outreach/Recruitment

2. Board Leadership Development/Training

6. Program Development

3. Strategic Planning

7. Special One Time Project

4. Marketing and Public Relations

8. Other: _____

Describe your organization's (or the community's) need that a team of 5-6 community leaders/volunteers will address: (It cannot be merely fund raising or have a political or religious agenda, however, fund raising can be involved if it directly relates to the completion of the project.) _____
