



Group Project Proposal Application Form - Class of 2010

Please clearly print all information.

Organization / Agency Presenting Proposal
Name
Address
Phone
Email

Name of Person Submitting Proposal
Name
Address
Phone
Email

Briefly describe your organization / agency mission or purpose

In one sentence, summarize the challenge you wish the leaders to undertake

What is driving your need to achieve this project?

What difficulties do you expect they will encounter?

How will this project better a situation?

What do you want the final project to be?

I agree to have a person from my organization serve as a project mentor. This person will meet with the LGWB Project Group on three mandatory dates plus various times to be determined by the group. Individual LGWB Candidates' time commitment should not exceed 5 hours per month.

Name Title
Organization Date