Project Submittal Form

Contact Name: _____   Date Submitted: _____

e-mail: _____   Phone Number: _____

Project Name: _____

1. Explain the project -   Must tab down for each row. Will not auto wrap.

_____

_____

_____

_____

_____

2. How will it impact the community –   Must tab down for each row. Will not auto wrap.

_____

_____

_____

_____

3. Who will it educate –   Must tab down for each row. Will not auto wrap.

_____

_____

4. Project length of time –   Start date: _____   End date: _____

5. BCMGA resources required -

_____

_____

_____

Project Leader: _____

Reviewed by Project Committee: Date: _____

Reviewed by Executive Committee   Date:_____   Approved? _____

Approved by Membership   Date: _____   Approved? _____

Extension Agent Approval - _____   Date: _____