

BMGA PROJECT PROPOSAL

NAME OF PRESENTER(S): _____

NAME OF BENEFICIARY: _____

DESCRIPTION OF PROJECT: _____

LOCATION OF PROJECT: _____

PURPOSE OF PROJECT: _____

EDUCATIONAL VALUE: _____

IS THERE A COST TO BMGA? _____ YES _____ NO

IF SO, HOW MUCH? _____ (PLEASE SUBMIT BUDGET)

IS THERE A COST TO THE BENEFICIARY? _____

IF SO, HOW MUCH? _____

DURATION OF PROJECT: ONE TIME _____ CONTINUOUS _____

WILL PROJECT LAST MORE THAN ONE YEAR? _____

APPROXIMATE NUMBER OF MG VOLUNTEER HOURS PER YEAR _____

MAINTENANCE:

WILL ONLY BMGA BE RESPONSIBLE FOR MAINTENANCE? _____

WILL ONLY THE BENEFICIARY BE RESPONSIBLE FOR MAINTENANCE? _____

WILL BOTH BMGA AND BENEFICIARY BE RESPONSIBLE? _____

IF SO, LIST SPECIFIC DUTIES OF EACH:

PLEASE ATTACH AN APPROXIMATE TIME LINE SHOWING START AND COMPLETION DATES AND STEPS ALONG THE WAY. ALSO SUBMIT ANY DESIGNS, DIAGRAMS OR OTHER SUPPORTING MATERIAL.

SIGNATURE OF PRESENTER(S): _____ DATE _____

_____ DATE _____

APPROVED BY _____ COMMITTEE DATE _____

SIGNATURE OF BENEFICIARY _____ DATE _____

APPROVED BY BOARD OF DIRECTORS _____ DATE _____