

PROJECT/EVENT/IDEA FORM

Submitted by:

Email and Phone:

Date:

**OVERVIEW**

Describe how this project came about, who is involved, and the purpose

Describe what will be done, what won’t be done, and what the result will look like.

What requirements are needed to complete this project?

What is the outcome of the project? If it is fundraising project, please list what revenue is expected.

List all costs associated with this project including printing, supplies, etc.

Describe how you intend to successfully meet the goals of this project including how communications to PSO and parents will be implemented. Please be specific.

Describe the timeline/schedule for the project that includes the planning, designing and deployment of the project.

**APPROVAL AND AUTHORITY TO PROCEED**

We approve the project as described above, and authorize the team/individual to proceed.

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| NAME | TITLE | DATE |
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