

***BEST CLASS OF 2019 PROJECT PROPOSAL***

**Your Name: Phone:**

**Email:**

**1. Your recommendation for the Class of 2019 project:**

**2. Anticipated timeframe to complete the project (all projects must be completed by May 15, 2019).**

**3. Beneficiaries of the project?**

**4. Will funding be required? Yes No If yes, who would fund the project?**

**5. Who may need to collaborate to ensure the success of this project? (Individuals, businesses, etc.)**

**6. Are there specific skills required to complete this project? Yes No**

**If yes, please explain:**

**7.** **Is this project a one-time undertaking? Yes No**

**If no, will it require a continuation year after year? Yes No**

**Please explain:**

**8.** **Please identify the contact person at the project location.**

**Name: Phone:**

**Organization: Email:**

**I understand that an employee of the nonprofit agency must be present at all times during any on-site project work. By signing this form, I commit to the Class of 2019 that the agency that I represent will do its part to ensure the success of this project.**

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**Signature of Executive Director Date**

**PLEASE RETURN THIS COMPLETED PROPOSAL FORM TO Leadership Lorain County at llc@leadershiploraincouny.com by Wednesday, November 21, 2018. Call 440-281-8556 with any questions or concerns.**