

FELLOWSHIP DEVELOPMENT PROJECT SUGGESTION FORM

NAME OF PROJECT:

DATE _____ SUBMITTED By _____

PHONE: _____ EMAIL _____

THIS PROJECT CONCERNS: (Circle all that apply):

Members Groups Area Service Committees FL Region Outside the Fellowship

What is the present situation? _____

Briefly describe the project _____

What will be the project result? _____

What resources will we need? _____

Please attach any additional information