

# 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*