



## COMMUNITY TRUSTEE PROJECT PROPOSAL 2011/2012

Organization: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please provide a brief description of your organization's mission and purpose:

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### PROJECT INFORMATION

*Please respond to the following questions relating to your specific project for the Center for Community Leadership:*

Project Category (circle one):

- |                                 |                          |
|---------------------------------|--------------------------|
| 1. Organizational Development   | 4. Volunteer Development |
| 2. Strategic Planning           | 5. Other: _____          |
| 3. Marketing & Public Relations |                          |

What do you want the group to accomplish with this project? \_\_\_\_\_

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What are the project goals and/or objectives?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What population will this project serve? \_\_\_\_\_

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How will this project impact the community? \_\_\_\_\_

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To your knowledge, does this project duplicate other efforts in the community? Yes \_\_\_ No \_\_\_

Can this project be initiated and completed between October 2011 and April 2012? Yes \_\_\_ No \_\_\_

Is this a one-time or an ongoing project? One-Time \_\_\_ Ongoing \_\_\_

Number of staff and volunteers currently involved: Staff: \_\_\_\_\_ Volunteers: \_\_\_\_\_

Have you ever submitted an RFP for this project before? Yes \_\_\_ No \_\_\_ If yes, was your project chosen? What was the outcome of the project? \_\_\_\_\_  
\_\_\_\_\_

Are other organizations collaborating with you on this project? If so, who and what role are they playing?  
\_\_\_\_\_

How and when will this project be evaluated by your organization? \_\_\_\_\_  
\_\_\_\_\_

Who is the Project Director or person responsible for this project?

\_\_\_\_\_  
*Name* *Title*

\_\_\_\_\_  
*Phone* *E-mail*

Project Directors are expected to devote considerable time to the project committee. If selected, is the Director willing and available to give time/direction to the committee on a regular basis? Yes \_\_\_ No \_\_\_

Is the Project Director the same person as the Primary Contact for this project? Yes \_\_\_ No \_\_\_

If no, please provide contact information for the Primary Contact:

\_\_\_\_\_  
*Name* *Title*

\_\_\_\_\_  
*Phone* *E-mail*

Signatures: \_\_\_\_\_  
*Project Director* *Date* *Executive Director* *Date*

**Please complete the CTP proposal in its entirety and return it to the Center for Community Leadership office by August 5, 2011 at 5:00 PM.**

Alexis Rangel, Program Coordinator  
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