



BUXTON TOWN PROTECTORS – PROJECT PROPOSAL FORM

Name of proposed project:

Project submitted by (group name):

Project leader (name):

Contact phone number: Email:

Date submitted:

1.	Details & aim of proposed project:
2.	Number of participants: Approximate age range:
3.	Who will benefit from this project?
4.	What equipment is needed – and do you need help with any of it?
5.	Where will the project take place?
6.	Will the project require funding – and how will this be raised?
7.	If necessary, how will the project be maintained / repeated in the future?
8.	When is it proposed to start the project?
9.	When will the project finish – or is it ongoing?
10.	Do you undertake to submit photos and a written report of the project to Buxton Town Team on completion?

PLEASE EMAIL COMPLETED PROJECT PROPOSAL FORM TO: townteam@buxtontownteam.org

Project approved by:

Date of approval:

