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 group:**  |
| 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: