Name of proposed project:

Project submitted by (group name):

Project leader (name):

Contact phone number: Email:

Date submitted:

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| --- | --- |
| 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: