

# Enriching Great Minds Charitable Association

## Community Service Project Proposal

FORM CSPP-001-001

[Office Use Only: Project ID # ]

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_; E-mail Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ School District: \_\_\_\_\_

### PROJECT INFORMATION

Project Name: \_\_\_\_\_

Project Objective: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will this project support and/or raise funds to donate to another charitable nonprofit organization?

Yes. Name of charitable nonprofit organization: \_\_\_\_\_

EIN: \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Contact Name, if any: \_\_\_\_\_

Attach official information brochure/flier about the program this project will support

No

Overall Project Budget, best estimate: \$ \_\_\_\_\_  Attach itemized worksheet, required

Max Number of Human Resources Required (estimate): Total \_\_\_\_\_; Adults \_\_\_\_\_

Project Duration:  *finite time period*

Specify duration from start to finish: \_\_\_\_\_ mos/years

Specify exact project running dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

*on-going (indefinite) time period*

I am committed to managing this project for: \_\_\_\_\_ mos/years

Afterwards, the process I will use to actively seek my replacement is to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Project Timeline:  Attach timeline, required

List important goal target dates (including short-, intermediate-, and long-term)