

PROPOSAL

Thank you for your interest in Launch My Idea. Please fill out this proposal to the best of your ability. Don't worry if you do not have all the answers yet. We will help you fill in the blanks!

Grade:

Phone:	Email:
Purpose: Please describe the general purpose of your program or ac	ctivity in one or two sentences.
Who should attend your program? Is this program for girls, boys, or both? What age group do	pes your program target?
What will you be teaching, sharing or doing? Please give us as much information about your idea as pos	ssible. (Attach a separate page if needed)
Where will this program be held? Will this program be held indoors or outdoors? How much space? Will you need access to a sports field? Please be as	•
When will the program be offered?	

How much will it cost?

Name:

Please list any supplies or equipment needed to run your program and estimate the cost if possible.

many hours per day? Is this an after-school, or evening program?

When do you want to run this program i.e. time of year? How many days, weeks, months does it span? How

Please use additional paper as needed and submit your proposal to Diane Lasher-Penti, Youth Services Director at dpenti@ellington-ct.gov or drop it off at the Youth Services Office at 31 Arbor Way.