ASGC Special Projects Proposal

Name: _______________________________ Date: ______________________________

Name of Project: __________________________________________________________

1. What is the project? (Provide a detailed description of the purpose, background, elements needed, and the steps involved)
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
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2. Who is involved? (List who will spearhead the project and who else, if anyone, will participate)
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. When? (Completion date and estimated dates for completing each step along the way)
   __________________________________________________________
   __________________________________________________________

4. How much? (The funds you are looking to receive from ASGC and a breakdown of how they will be spent)
   __________________________________________________________
   __________________________________________________________

(Complete this form—use additional pages as necessary—and mail to: ASGC Special Projects, P.O. Box 391037, Solon, OH 44139, or email education@clevelandaudubon.org for more information.)