

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)*

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.)