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## Leadership Loveland Community Project Proposal

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Each class of Leadership Loveland (LL) selects a community service project as part of the learning and team-building experience. LL is soliciting proposals for projects that can be completed by May 20, 2016, and require a maximum fundraising effort by the class of \$5,000. Projects must fall within one of the categories listed in this proposal application. LL may require additional information as part of the project selection process, including a presentation to the class and detailed project and organization budget information. Please complete all of the information requested below and deliver no later than October 12, 2015, to the Loveland Chamber of Commerce or by email to [info@loveland.org](mailto:info@loveland.org). See the "Class Project Guidelines." Questions may be directed to Mindy McCloughan by telephone at 970-744-4791.

### CONTACT INFORMATION

**Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

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

**Phone(s):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

### ORGANIZATION INFORMATION

**Describe Organization's Mission Statement and Programs or Services Provided:** \_\_\_\_\_

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

**Describe the Unmet Needs in the Population the Organization Serves:** \_\_\_\_\_

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

**Total Number of Full-Time Employees or FTE Equivalents:** \_\_\_\_\_

**Total Number of Volunteers:** \_\_\_\_\_

**Total Current Year Annual Budget:** \$ \_\_\_\_\_

**Applicants May Attach Supplemental Information on the Organization (e.g. Annual Report, Brochure), if desired. Is Supplemental Information Attached?**  Yes  No

**List Any Family or Business Relationships Between Any Class Members and Organization Officers or Managers:** \_\_\_\_\_  
\_\_\_\_\_

**PROJECT INFORMATION**

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

**Project's Physical Location:** \_\_\_\_\_

**Project's Service Area:** \_\_\_\_\_

**Beneficiaries:** \_\_\_\_\_

**Number of Beneficiaries:** \_\_\_\_\_

**Estimated Lifecycle of Completed Project:** \_\_\_\_\_

**Estimated Number of Days Required to Complete Project:** \_\_\_\_\_

**Eligible Categories (check appropriate box):**

- |   |   |
|---|---|
| <input type="checkbox"/> Social Service             | <input type="checkbox"/> Elderly Service  |
| <input type="checkbox"/> Public Park                | <input type="checkbox"/> Environmental    |
| <input type="checkbox"/> Public Art                 | <input type="checkbox"/> Business/Economy |
| <input type="checkbox"/> Youth Education/Enrichment | <input type="checkbox"/> Other : _____    |

**Summary Description of Project:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In what ways will the project make a positive difference and lasting impact in the Loveland community?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Applicants May Attach Supplemental Information About the Project (e.g. Detailed Narrative, Pictures, Maps), if desired. Is Supplemental Information Attached?**  Yes  No

**BUDGET SUMMARY**

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Expense	Funding Sources			Total
	LL Request	Organization	Other Sources	
Personnel	\$	\$	\$	\$
Contracts & Services	\$	\$	\$	\$
Supplies	\$	\$	\$	\$
Travel & Training	\$	\$	\$	\$
Maintenance	\$	\$	\$	\$
Equipment	\$	\$	\$	\$
Total	\$	\$	\$	\$

**What are the Estimated Annual Operation and Maintenance Costs After Project Completion?** \_\_\_\_\_

**How Will Future Operation and Maintenance Costs be Funded?** \_\_\_\_\_

**What plans are in place for managing the project after its completion?**

**List All Other Partners Participating in the Proposed Project and Their Contributions, Including Cash and In-Kind Goods and Services:** \_\_\_\_\_