MMS New Project Proposal

Date Submitted: ______________

1. **Community Project Leader Information**
   a. Full Name: ______________________
   b. UCR affiliated email address: _________
   c. Phone Number: _________
   d. Do you have texting?: _________

2. **Community Project Member Information (up to 10 max-3 min)**
   a. Name:
      i. Number:
      ii. Email:
   b. Name
      i. Number:
      ii. Email:
   c. Name
      i. Number:
      ii. Email:

3. **Community Project Title**

4. **Community Project Description (please be as detailed as possible)**
   a. What are your information resources? (may list books, websites, research papers, reference persons)

   b. Who is your target audience? (children, teenagers, young adults, adults, geriatrics, etc.)

   c. What is the overall message of your presentation? Please be specific if possible.

   d. What types of activities or visual aids do you want to use to engage your audience? Where will you obtain these items? (be specific)