

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)