1. Please list your name(s):

1. Name of project:
2. Description:

1. What problem does this solve or need does it fulfill?

1. What challenges do you foresee in implementing this program or service?

1. Is this a:

\_\_\_ Scheduled Program (set day/time)

\_\_\_ Passive Program (Teen Space activities)

\_\_\_ Display (book displays or bulletin boards)

\_\_\_ Newsletter item (goes out once a month)

\_\_\_ Website blog or booklist

\_\_\_ Grab & Go Kit

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If this is a program, answer the questions below.

Target age range:

Number of attendees:

Length of program:

Is this a one-time program? Or a series?

1. Will you need materials? If so, what materials would you need?

1. What planning or preparations need to be done before your program or service takes effect?
2. How would you like to advertise your program or service?