

Project Title:	
Project Leader:	
Team Members:	
Date of submission:	
Target date for completion:	
Project Emphasis:	<input type="checkbox"/> All Ages <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> Hands on <input type="checkbox"/> Contest/Competition <input type="checkbox"/> Art Installation/Exhibition <input type="checkbox"/> Other/Please explain:
Location of Event	
TIMELINE	ACTION STEPS
OBSTACLES/CHALLENGES	
ARTIST/ATTENDEE RESPONSIBILITIES	
RESOURCES REQUIRED	
BUDGET	
NOTES:	