ACAN Youth Project Proposal

Submitter's Name:	_ Email:	-
Youth Leader's Name: (if any):	Email:	
Mentor's Name (if any):	Email:	
Project Name:		
Project Duration:		
Please try your best to complete the proje	ct descriptions below:	
What goals do you have for this project?		
How do you measure the success of the p	roject?	
Who will be the key members of the projec	ct team and their roles & respo	nsibilities?

do you plan to execute the project (please list the steps, methods etc.)?	
	
	
	
support you'll need from ACAN?	