



Smith Co. Medical Society

2019 Project / Program proposal

Member name: _____

Project/Program name: _____

Project / Program description: _____

Program frequency, duration and schedule: _____

Team volunteers requested (how many ?) (names of member volunteers already recruited)

Marketing and communications plan: announcements, flyers, email blast, newsletter articles, newspaper, postcards or mailings, television, other (development, coordination, implementation – frequency and duration) _____

Budget description, proposal, requests _____

Notes or special considerations _____
