* Please type form.
* Review MCPM Project Handbook prior to completing this form. Proposals will be returned for incorrect formatting.
* Complete Levels I and II of CPM training.

|  |  |
| --- | --- |
| Name of Participant  | CPM Level Completed To Date |
| Email Address |
| Organization/Division |
| Work Address (Street/City/Zip)  |
| Work Telephone No/Ext |
| MAGIC Identification Number |

Complete sections A – F and obtain supervisor's signature. Submit a copy for approval to the MCPM Program Director. An MCPM Project Evaluator will approve the project proposal and/or make recommendations for change. Approval of a proposal does not signify approval of the completed project nor does it affect a participant's activity status.

A. Project Title:

B. Project Purpose: *(Describe the situation surrounding the project, describe the need for the project, and describe the best outcome of the project)*

C. Plan: *(Include task development, resources, timelines, performance criteria, communication, contingency planning)*

D. Action: *(Discuss how you will implement the plan and who is involved)*

E. Evaluation: *(Discuss how you will evaluate the overall success of the project and the expected impact, or Return on Investment)*

F. Return on Investment – ROI: *(Report the impact of project benefits and costs to the agency)*

|  |  |  |
| --- | --- | --- |
| Participant Name | Signature | Date |

I have reviewed the project proposal of this manager and have determined that the project is appropriate for the organization and the development of the manager. I agree to assist in the administration and evaluation of the performance of this project:

|  |  |  |
| --- | --- | --- |
| Supervisor’s Name | Signature | Date |

Organization Director/Agency Head ***(optional)***

|  |  |  |
| --- | --- | --- |
| Agency Head’s Name | Signature | Date |

**PLEASE SEND FORM TO:** Shondra Houseworth, MBA, CPM, MCPM Program Director

 210 East Capitol Street, Suite 350 Handmail

 Jackson, MS 39201

 Phone: (601) 359-2715

Fax: (601) 359-2717

Email: shondra.houseworth@mspb.ms.gov