|  |  |
| --- | --- |
| cid:7D04DA7E-525D-443D-B841-3405433FDAD0@Home | **PMI Mile Hi Chapter****Project Management Day of Service****Thursday, November 7, 2019** |

# Nonprofit Participant Application

## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name: |  | Date: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Website: |  | Nonprofit Type |  **501 (c)**  |

|  |  |
| --- | --- |
| Organization Description: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Annual Operating Budget: |  | Total FTEs |  |
| Total Volunteers |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Name: |  |  |  | Title: |  |
|  | Last | First | M.I. |  |  |
| Phone Number: |  | Email.: |       |

|  |  |
| --- | --- |
| How did you hear of the Project Management Day of Service (PMDoS)? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you and/or 1-3 representatives from your organization available to participate in the full-day PMDoS event on 11/7/19? | YES☐ | NO☐ |  |

## Project Proposal

|  |  |
| --- | --- |
| The information you provide in this section will give the PMDoS team members an initial idea of the type of project you are interested in highlighting for project planning during this event. Provide as much information as you have at this point – some information will be determined during the project planning process.  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you already identified an upcoming project at your organization for project planning at this event? If yes, continue completing this application. If not, proceed to the Signature and Submit Application sections of this application. A PMDoS team member will contact you to discuss your priority projects and  | YES☐ | NO☐ |  |

|  |  |
| --- | --- |
| Project Name: |  |

|  |  |
| --- | --- |
| Project Description: |  |

|  |  |
| --- | --- |
| Project Start Date (if known): |  |

|  |  |
| --- | --- |
| Project Deadline (if known): |  |

|  |  |
| --- | --- |
| Project Budget (if pre-determined): |  |

|  |  |
| --- | --- |
| Expected Project Outcomes: |  |

|  |  |
| --- | --- |
| Organizational strengths that will contribute to the success of the project: |  |

|  |  |
| --- | --- |
| Internal or external challenges that may impact the success of the project:  |  |

## Signature

*If this application leads to selection to participate in the PMI Mile Hi Chapter’s Project Management Day of Service, I understand that our organization will be matched with volunteer project manager(s) for the free, one-day project planning event on November 1, 2018.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

## Submit Application

# Please e-mail completed application by September 27, 2019 to PMDoSNonprofit@outlook.com

## For PMI Mile Hi Chapter Use Only:

|  |  |
| --- | --- |
| Date application received:  |       |
| Date application reviewed: |       |
| Date interviewed:  |       |
| Selection decision: Y/N |       |
| Date commitment letter received: |       |
| Date training materials and pre-event prep document provided: |       |
| Date completed pre-event prep document received: |       |
| Matched to: |       |
| Day of event notes: |       |
| Day of event feedback form received: Y/N |       |
| Date follow-up feedback form sent: |       |
| Follow-up feedback form received: Y/N |       |