

# Program Proposal Form



Monmouth Recreation Department  
117 Academy Road, Monmouth, ME 04259  
Contact: mgriswold@monmouthmaine.gov

Proposed Program Title: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program purpose/description:

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Other information that might help us better understand the program: include flyers or pamphlets if available.

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Please answer the following questions to the best of your ability:

Target Population: \_\_\_\_\_

Desired starting date: \_\_\_\_\_ Desired class day and time: \_\_\_\_\_

Length of session (# of weeks): \_\_\_\_\_ Length of class (minutes/class): \_\_\_\_\_

Desired wage/fee information: \_\_\_\_\_

Please attach any additional information including resumes and references. Thank you!

FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

RESULTS: