



MCPM LEVEL III PROJECT PROPOSAL 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)*



MCPM LEVEL III PROJECT PROPOSAL FORM

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)*



MCPM LEVEL III PROJECT PROPOSAL FORM

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