

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	
XX 1 A 11 (C) (C) (7')	
Work Address (Street/City/Zip)	
Work Telephone No/Ext	
MAGIC Identification Number	

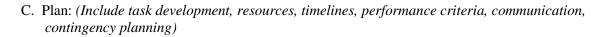
Complete sections A-F and obtain supervisor's signature. Submit a copy for approval to the MCPM Program Director. An MCPM Project Evaluator will approve the project proposal and/or make recommendations for change. Approval of a proposal does not signify approval of the completed project nor does it affect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



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



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E. Evaluation: (Discuss how or Return on Investment)	you will evaluate the overall success o	of the project and the expected impact,
F. Return on Investment – RC	I: (Report the impact of project be	enefits and costs to the agency)
Participant Name	Signature	Date
	evelopment of the manager. I agree to	rmined that the project is appropriate o assist in the administration and
Supervisor's Name	Signature	Date
Organization Director/Agency	Head (<i>optional</i>)	1
Agency Head's Name	Signature	Date

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

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Email: shondra.houseworth@mspb.ms.gov