



FCCLA Project Contract

Complete and submit to the FCCLA adviser.

Student(s) Coordinating Project: _____

Title of Project: _____

Project Completion Date: _____

Type of Project:

- | | | |
|---|---|--|
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Peer Education | <input type="checkbox"/> Individual Growth |
| <input type="checkbox"/> Career Development | <input type="checkbox"/> Fundraising | <input type="checkbox"/> STAR Event |

Briefly describe the project:

Briefly describe your plan to complete the project:

Attach a copy of your completed FCCLA Planning Process Worksheet.

What activities or events need to take place to complete this project?

Activity _____ Proposed Date _____

Activity _____ Proposed Date _____

Activity _____ Proposed Date _____

What resources are needed to complete this project?

People resources, including _____

Materials, including _____

Financial resources in the amount of \$ _____

What will you, as project leader(s), do to make sure this project is a success?

What do you think is the biggest challenge related to this project?

Please write additional comments or considerations on another sheet.

Project leaders commit to following through with this project until completion or ended by the chapter adviser.

Chapter Adviser

FCCLA Member