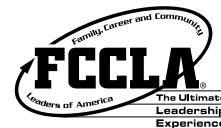


# FCCLA Project Contract

*Complete and submit to the FCCLA adviser.*



Student(s) coordinating project: \_\_\_\_\_

Title of project: \_\_\_\_\_

Type of project:

☐ community service

☐ peer education

☐ individual growth

☐ career development

☐ fundraising

☐ STAR Events

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 back of this sheet.*