

THE COLONY PUBLIC LIBRARY PROGRAM PROPOSAL (APPENDIX A)

Contact Name: _____

Email Address: _____

Phone Number: _____

Address: _____

City, State, Zip Code: _____

Proposals are reviewed by Library staff based on the Program Policy. A limited number of proposals are accepted each year. Applicants will be notified of a decision within three weeks of submission. Proposals will be kept on file for one year.

Program Description

Program overview:

Outline of program:

Length of program and age of target audience:

Program presenter's qualifications (training, education, experience):

Program Details

Preferred date(s), day(s) and time(s):

Describe how your program complements the Library's mission* and the interests of the community:

*The Colony Public Library's Mission Statement provided in the Program Policy, p.1

Previous presentations of this program (if any). Please attach any publicity samples.

