

LOCAL COORDINATOR PROPOSAL



Proposed Location (Town, City, County) _____

Name(s) of Proposed Local Coordinator(s): _____

Organization(s): _____

Mailing Address _____

Phone: _____ **TTY:** _____

FAX: _____ **Email:** _____

Other Contact Info: _____

Relationship between organization's mission and NDMD:

Preliminary Members of Local Organizing Committee (with Organizations): _____

Target group(s): ____ High School Students ____ College Students
____ Job Seekers

Estimated Number of Mentees: _____

Proposed Date(s) of Activities: _____

Proposed Type of Activities (e.g., one-on-one shadowing, group visits, plenary gatherings):

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Signature(s)

Date