**Agency:**

**Project Title:**

**Area of Project (select all that apply):**  Children & Youth  Community Health, Equity, Safety  Culture & Arts

Education & Lifelong Learning Employment & Economic Opportunity  Environment Image of Racine/ Tourism

Governance & Civic Engagement

**Background situation/need:** [Describe the current situation or need, related issues and other pertinent information.]

**Assistance requested:** [Describe tasks to be completed by the team of 4-6 Leadership Racine participants between October and April. Indicate any special capabilities that would be helpful and include a timeline of activities, if feasible. Be as specific as possible.]

**What will your agency and/or the Racine community gain from this project:** [Describe your anticipated results and/or outcomes. Be as specific as possible.]

**What will the Leadership Racine Team learn:** [Describe what you believe the Leadership Racine Team will learn from this assignment.]

**Primary Agency Contact:** Name, Title, phone, email

**Secondary Contact:** Name, Title, Phone, email

Approved: \_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Save for future year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_