



FCCLA Project Contract

Complete and submit to the FCCLA adviser.

Student(s) coordinating project: _____

Title of project: _____

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 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.