



AMERICAN
ACADEMY OF
DEVELOPMENTAL
MEDICINE &
DENTISTRY

PROJECT PROPOSAL

INSTRUCTIONS

- Complete this form & email it to: courtney.fray@aadmd.org OR allen.wong@aadmd.org

Project Name		
Project Lead Contact Person	Phone Number (Contact Person)	
Email (Contact Person)		
Recommended Project Committee Members		
Project Description:		
How does this project incorporate AADMD's mission?		
What is the problem/need that this project will address?		
How will you involve a self-advocate(s)?		
Which category of AADMD does this project fall into?	How long will this project last?	What is the estimated start date of this project?
Education Membership Advocacy Other, please explain:	6 Months or Less 1-2 Years 3 Years or More	What is the total estimated budget for this project?

AADMD PRESIDENT'S SIGNATURE

DATE