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|---------------------|----------------------|
| Date Received _____ | Date Forwarded _____ |
| Reviewed by _____ | |
| Decision _____ | Date Responded _____ |

“I HAVE AN IDEA” PROPOSAL FORM

DATE:

NAME:

EMAIL:

PHONE:

1. Description of the idea:

2. Are you aware of any current or past programs that may also address this need? Yes No
If yes, what are they, and how does the new proposed idea/program differ?

3. Who will benefit from this idea? What is the intended audience?

4. What resources does this idea require? (Resources include staff time, meeting space or software, money, volunteer time etc.)

5. What are the anticipated costs?

6. How does this idea meet AADMM’s Mission, Vision and Values? (please explain)

MISSION: AADMM promotes and supports excellence in the profession.

VISION: AADMM is a trusted partner and primary resource for members striving to achieve their professional goals.

VALUES: AADMM nurtures trust, leads with integrity and acts ethically.