



## Workshop/Program Proposal Form (2020)

### Basic information

<b>Workshop/Program Title:</b>	<b>Target Audience: (age range, gender, etc.)</b>
<b>Start and End Date(s):</b>	<b>Start and End Time(s):</b>
<b>Name of Facilitator(s):</b>	<b>Contact Number and Email:</b>
<b>Number of Participants: (min-max)</b>	

1. Please provide a description of your qualification and/or expertise in teaching this workshop/program. Add additional pages, if necessary.

2. Please provide a brief history of other organizations where you have facilitated this program.

3. Please explain why it is important for this program to be part of the Hope Center.

4. In what ways does your program assist in “Healing taking Center Stage?”

**5. Describe the objective and expected outcomes of the workshop/program.**

**6. How will you measure and assess the impact of your workshop/program?**

**7. What days of the week are you available to teach your workshop/program?**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

**8. What time(s) of day are you able to teach your workshop/program?**

- Morning
- Afternoon
- Evening

**9. How often will you implement this workshop/program?**

- Single Workshop
- Workshop Series (more than 1 session)
  - Monthly
  - Weekly

**10. Does it include a culminating presentation and/or showcase?**

- No
- Yes

**11. If yes, please provide an anticipated list of day, time, and location.**



**12. What is your marketing plan for this program? How do you plan on building an audience, following and/or students?**

**12a:** Do you have print material (flyers, posters, a 1 pager, a brochure etc.) for your program?

**12b:** Do you have a website for your program? Do you have a Facebook page, Twitter Account, and/or any social media for your proposed program?

**12c:** Do you have a logo, colors, and/or any graphic design created for your program?

**15. Would you consider this to be an ongoing program for The Hope Center?**

- Yes
- No
- Maybe

**ANNEXES to the workshop proposal**

Please provide a curriculum and timeline for your proposed workshop/program. Please attach anything else necessary to your proposal.

\*\*\*\*\*INTERNAL USE ONLY\*\*\*\*\*

<b>APPROVED:</b>     
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NOTES: \_\_\_\_\_  
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Area of Focus:  <input type="checkbox"/> Training <input type="checkbox"/> Clinical  <input type="checkbox"/> Wellness <input type="checkbox"/> Community Based Participatory Research
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