| PROJECT NAME | | | |
|--|--|--------------------|--|
| JOB LOCATION | | | |
| EST. START DATE | | EST. FINISH DATE | |
| PROJECT LEADER | | COMPANY | |
| CONTACT NAME | | | |
| PHONE | | ADDRESS | |
| EMAIL | | | |
| SUMMARY | | | |
| DESIRED OUTCOME | | | |
| ACTION TO COMPLETION | | | |
| BENEFITS OF PROJECT | | | |
| PROJECTED SCHEDULE | | | |
| PROJECTED BUDGET | | | |
| PROJECTED TEAM AND RESOURCE REQUIREMENTS | | | |
| PROPOSAL MAY BE WITHDRAWN IF NOT ACCEPTED BY DATE OF | | | |
| ACCEPTANCE OF PROPOSAL | | | |
| AUTHORIZED CLIENT SIGNATURE | | DATE OF ACCEPTANCE | |

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