Project Creation and/or Update Form
Sound Water Stewards of Island County
(form updated 11/22/2022)

SOUND WATER STEWARDS

Date: _____

Questions	Answers	Additional Comments
Name of project		
Lead organization		
Project contact at the Lead Organization: **Name, address, email, phone**		
SWS Member(s) to Lead the Project **Name, email, phone**		
Status of proposal: **Concept, launch, review, update**		
Project focus: **Education, outreach, community science, stewardship, administration**		
Project Purpose or Goal:		

Questions	Answers	Additional Comments
Project description / Duration of project		
Will the project generate funding for Sound Water Stewards?		
Is this grant funded?		
Funding organization		
Funding partners		
What will be funded?		
Other funding sources		
Is additional funding needed		
Prospective partners to help with the work		
What entity will provide liability coverage for volunteers?		
Number of SWS volunteers needed		

Questions	Answers	Additional Comments
Physical risk: **Minimal, moderate, high**		
How will safety training be provided?		
What equipment is required and who will provide it?		
Will training be required?		
What kind of annual reports or feedback will you provide to volunteers and to SWS?		
What does success look like?		
Additional comments:		

Please provide pictures to staff to be used for recruitment and publicity about this project.
Also provide links to any websites that describe this project.