

FIRST AMERICANS MUSEUM FOUNDATION
PROJECT PROPOSAL PART 1 (PPF1) FORM FEEDBACK

Project Name _____
 Project Lead _____
 Lead Department _____
 Project Budget _____
 Status Approved

Rubric Score	Committee Notes
3 Project Concept Clearly Defined 3 Budget Scope Reasonable 3 Justification Clearly Articulated 3 Anticipated Outcomes Identified 3 Interdepartmental Needs Identified 3 Alignment with Strategic Priorities	
18 of 18	
Signatures Required for Part 2	

Next Steps	Instructions
☐ None, proposal not considered at this time.	Do not continue to PPF2 for this project at this time. You may refine your proposal and submit next fiscal year.
☐ Meeting with Budget Committee	A meeting is required to further discuss the proposal with the Project Lead(s) before moving to Part 2.
☐ Project Proposal Part 1 Needed	A project proposal was not submitted for this project. Please submit both Part 1 and Part 2 with your final submissions on March 2nd.
☐ Approved, PPF2 deferred at this time.	The project is approved but Part 2 is deferred until further notice. This option may be chosen if your project is in a future FY.
☒ Submit Project Proposal Part 2	The project has been approved to continue on to Part 2 (see attached). Please ensure you obtain all required signatures and submit March 2nd.
☐ Update Project Budget	The project has been approved to continue on to Part 2, but significant budget revisions are required. Please make your best estimates in Part 2.

*Send all project proposal forms via email to [REDACTED]
 View pages 19-20 of the Budget Handbook for further instructions and guidelines.*

FIRST AMERICANS MUSEUM FOUNDATION
PROJECT PROPOSAL FORM PART 2 (PPF2)

Project Name _____

Budget - Expenses

Please use the following budget form for your project. You may either copy the budget provided in your budget worksheet, or use this form as an adjustment to your original request.

Guidelines

- 1 Consider all potential interdepartmental **expenses** for your project. If staff time can be easily calculated, please include it.
- 2 Refer to the official account codes for expenses. These have been provided on pages 12-16 of your Budget Handbook.

Amount (\$)	Expense Code	Justification

\$ - Total

[illegible]

\$ - *Total*

FIRST AMERICANS MUSEUM FOUNDATION
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Project Name _____

Budget - Revenue

Please use the following budget form for your project. You may either copy the budget provided in your budget worksheet, or use this form as an adjustment to your original estimates.

Guidelines

- 1 Consider all potential revenue as a result of your project. This could be increased admissions, special event ticket sales, donations, memberships, grants, or pledges.
- 2 Refer to the official account codes for revenue. These have been provided on pages 12-16 of your Budget Handbook.

Amount (\$)	Revenue Code	Justification

\$ - Total

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Project Name _____

Budget - Justification

Please write a short narrative justification of your project expenses and revenue. Use this section to explain how amounts were estimated. You may consider how the budget reflects the project's scope and timeline, and explain any tradeoffs made to keep the budget reasonable. If any expenses are contingent on fundraising, please explain how the scope of the budget may change if no funds are raised.

Budget - Verification Statement

To the best of your knowledge, are *all expenses* required to responsibly carry out this project given in the budget that you have provided?

Yes/No

If no, please explain:

FIRST AMERICANS MUSEUM FOUNDATION**PROJECT PROPOSAL FORM PART 2 (PPF2)***Project Name* _____***Department Impact Worksheet***

Please select the anticipated impact of this project on other departments. Use this section to identify which departments (including your own) will contribute staff time, resources, or expertise, and estimate the level of involvement required.

Department (A-Z)	Impact Level (None, Low, Medium, High)	Estimated Staff Time (Hours)
39 Cafe		
39 Events and Catering		
39 Restaurant		
Collections		
Communications		
Curatorial Affairs		
Custodial		
Development		
Executive		
Facilities		
FAM Camps		
FAM Store		
FAMily Discovery Center		
Finance		
Fundraising		
Guest Services		
Human Resources		
Maintenance		
Marketing		
Public Programs		
School and Tour Programs		
Security		

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Project Name _____

Project Narrative

Please describe the cultural context and need for the project. Explain how the project aligns with the mission of FAM, serves our communities and the present moment, and follows our strategic goals. If additional narratives or previously prepared proposals exist, please attach them to this form.

FIRST AMERICANS MUSEUM FOUNDATION
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Project Name _____

Objectives

List specific, measurable, and achievable objectives and goals for this project. What do you want to achieve, and how will you ensure that we achieve it? What methods of tracking, monitoring, or project management will you lean on to assess the impact of the project?

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Project Name _____

Activities and Timeline

Outline the key activities for your project and their respective date of completion. Include milestones and deliverables. If the exact date of the activity is unknown, providing a month or quarter is acceptable. You are not required to fill all squares provided.

Activity	Date of Completion

Partnerships

Please list any external partnerships involved in this project and explain their level of involvement. Please describe the benefits of this partnership and why it is important to the success of the project.

FIRST AMERICANS MUSEUM FOUNDATION
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Project Name _____

Funding Strategy

Please select or circle the funding source(s) for your project.

☐	*Core Support	*Core Support refers to general operating revenue as earned by admissions, donations, grants, memberships, or other revenue centers. Please select this option unless your project is <i>contingent</i> on fundraising (meaning it won't happen unless it is <i>specifically fundraised for</i>). <i>Most projects will be funded by Core Support.</i>
☐	Fundraising	
☐	Tribal	
☐	Government	
☐	Other	

If Other, please explain:

If applicable, please list any leads or strategic fundraising goals you have anticipated for this project.

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Project Name _____

Marketing Support

Please list any specific resources or assistance required from the marketing team to ensure the success of your project. Please ensure that a corresponding amount is in your budget.

Appendix

Please list any attached supplementary materials, such as W9s, written or narrative content and proposals, photos, letters of support, resumes, or external budgets.

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Project Name _____

Target Audience

Define the primary and secondary audiences for this project. If there is a specific community, tribal nation, or group that you can identify, please be sure to include them here.

Messaging Strategy

If applicable, outline key messages and narratives to be communicated to the public about this project.

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Project Name _____

Final Notes

If there are any additional notes, questions, or concerns which have not already been addressed in this form, please write them here.

Project Lead Signature

Project Lead _____

I certify that I have completed the Project Proposal Form to the best of my ability, and have consulted with all collaborating departments to provide the most accurate estimates. I have reviewed the Project Proposal Form rubrics to ensure that my proposal is ready for Executive approval. The following page contains all required leadership signatures as required and listed on page 1 of this document.

Project Lead Signature _____ *Signature Date* _____

FIRST AMERICANS MUSEUM FOUNDATION
PROJECT PROPOSAL FORM PART 2 (PPF2)

Project Name _____

Collaborator Signatures _____

I certify that I have reviewed the Project Proposal and have communicated all potential feasibility concerns to the best of my ability. I hereby commit to integrate this project into our annual plan if it is approved in the FY27 Budget.

Curatorial Affairs _____

Director Signature _____ Date _____

Collections Manager _____ Date _____

Finance _____ Human Resources _____

Director Signature _____ Date _____

Director Signature _____ Date _____

Institutional Advancement _____

Director Signature _____ Date _____

Development Officer _____ Date _____

Marketing and Communications Manager _____ Date _____

Learning and Community Engagement _____

Director Signature _____ Date _____

Public Programs Manager _____ Date _____

School and Tour Programs Manager _____ Date _____

FAMily Discovery Center Manager _____ Date _____

Operations _____

Director Signature _____ Date _____

Facilities Manager _____ Date _____

Guest Services Manager _____ Date _____

Chief of Security _____ Date _____

FAMStore Manager _____ Date _____

39 Enterprises _____

Director Signature _____ Date _____

Events Manager _____ Date _____

FIRST AMERICANS MUSEUM FOUNDATION
PROJECT PROPOSAL PART 2 (PPF2) FORM FEEDBACK

FOR COMMITTEE USE ONLY		
Date Received by Project Lead:		
Method of Delivery		
Date of Meeting (if applicable)		
Date of Decision		

Project Name _____
Project Lead _____
Lead Department _____
Project Budget \$ _____ -
FY 27 Status

Final Rubric Score		Committee Notes
	Complete Budget Information Provided	
	Total Financial Impact Reasonable	
	Sustainability Plan	
	Revenue Sources Clearly Defined	
	Staffing Impact Fully Considered	
	Alignment with Strategic Priorities	
	Progress Tracking Clearly Defined	
	Funding Pathway Identified	
	Audience and Communications Planning	
	Required Signatures Complete	
	of 30	

Budget Committee Signatures

Executive Director	Date
Finance Director	Date
Committee Member	Date
Committee Member	Date
Committee Member	Date
Committee Member	Date