

**Westshore Regional CERT  
Project Submittal**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Unit/City: \_\_\_\_\_

Email: \_\_\_\_\_

Please describe: Problem / Need / Gap / Challenge

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Please describe idea(s) and recommendation(s) to remedy problem, need, gap, or challenge

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Purchases required: \_\_\_\_\_

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Estimated cost: \_\_\_\_\_

Estimated number of members needed to complete project: \_\_\_\_\_

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Estimated time frame for project completion: \_\_\_\_\_

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Would you be able to act as the lead on this project? \_\_\_\_\_

Would you be able to help complete this project? \_\_\_\_\_