



Participatory Budgeting Project Proposal: District Feedback Form

Your feedback is critical and will help ensure project proposals are accurately listed on the ballot to ensure an efficiently facilitated implementation. Please complete one form per project proposal.

1. Campus Name _____

2. Project Title _____

3. Is this project approved for the ballot? (check one)

Yes

No

Maybe

4. If the project proposal was not approved, please explain why this project cannot be approved and/or provide a description of what modifications would need to be made to the proposal for final approval.

5. Please list any general comments or potential concerns regarding this project.
