



ICD PROJECT SUBMISSION FORM

Project Name: _____

Project Type (Please choose **1-2** of the following options):

Humanitarian Educational Leadership Public Health

Project Status: Active Completed

Project Description:

Project Start Date/Year: _____ **Project Completion Date/Year:** _____

Project Address

Street Address: _____

City: _____ State/Region/Province: _____

Country: _____ Postal Code: _____

Project Contact Person Name: _____

Contact Person Email and Phone: _____

Involved ICD Fellow(s) Name: _____

Related ICD Section or Region: _____

Project Website (URL Address): _____

Does Project Welcome Volunteers: Yes No

Other Notes:

Your Name: _____ **Today's Date:** _____

Please email this completed form to Operations Manager Chelsea Segren (chelsea@icd.org) or FAX to the College Office +1(810) 265-7047. Please also include any photographs, videos or other content related to the project.