State of Oklahoma

CERTIFIED PUBLIC MANAGER® PROGRAM

CPM Project Proposal

Date Submitted _____ **Employee ID Number** _____

CPM Candidate's Name _____

Agency _____

Work Address _____

_____

Work Telephone _____

e-Mail Address _____

Proposed Project Title _____

1. **Problem Statement**: Why have you chosen this particular problem to analyze? Please explain what your project. How does this project relate to your job responsibilities? How do you plan to apply the project knowledge or process to your workplace responsibilities?

2. **Relation to the CPM Program:** Which section of the CPM curriculum will this project use as a reference? (Check one.)

   ☐ **Level I** ☐ **Level II** ☐ **Level III**

3. **Applied Learnings:** Specifically, which course information, theories, processes, models, or concepts from the CPM course curriculum will you use in your project? In your project, will you recommend that any state law or agency rules, regulations, or procedures be modified, adapted, amended, or proposed in order to implement your project? Will any non-workshop information be included in the development or the writing of your project? If so, please explain.

4. **Evaluation:** Describe how you intend to gather your project results and information in order to evaluate the effectiveness of this project. What is your intended outcome for the project? How will your evaluation system/information tell you whether or not you have accomplished the objectives of your project?

Use additional pages to provide complete answers to Questions 1-4.

CPM Candidate Signature _____

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CPM/T&D Review of Project Proposal:

Date _____

Reviewed by _____

Approved _____ **Not Approved** _____

Date Returned to Candidate for Revision _____