



MISSOURI SLOPE AREAWIDE UNITED WAY

DAY OF CARING

August 18, 2010

Project Development Toolkit

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MISSOURI SLOPE AREAWIDE UNITED WAY

DAY OF CARING

- **Identify Unmet Needs At Your Agency**

Are there projects at your agency that have never been finished or maybe projects that never even got started? Maybe past projects that can be expanded? Does your agency have a wish list? Are there new initiatives you would like to kickoff on the Day of Caring? Take a look at annual events, daily activities and the well-being of your clients— can any of these be improved through a Day of Caring project? Can a small or large group of volunteers accomplish these tasks one day in August?

- **Meet With Your Colleagues**

Use time during a staff meeting or set aside another time to speak with your co-workers about the Day of Caring. Ask them to brainstorm how volunteers can help them. Use the enclosed worksheet to generate ideas or ask them to visit www.msaunitedway.org for more Day of Caring information.

- **Develop A Project Budget**

Determine how much your agency can contribute to the cost of the project. Project costs include supplies and materials necessary to complete the Project. Bear in mind that you may solicit donations of lumber, paint, and other materials from local businesses. You may also ask the volunteer team to bring some inexpensive supplies or items from their home such as ladders, paint brushes or cleaning supplies.

- **Determine Who Will Coordinate Each Project**

You are encouraged to submit multiple projects, but if you do, it is important that there be one person responsible for each project. That way each volunteer team has access to someone before and during the project if they have questions. This could be a staff member, volunteer, board member, or parent.

- **Identify And Manage Risk Involved With Your Project**

Once you determine a potential project, review each task involved. Identify potential risk factors, including volunteers' use of tools, threat of injury, your clients' safety, etc. Check that you have the necessary safety tools (ear plugs, safety glasses, etc.) Each volunteer has signed a waiver form when they signed up. This form should also be displayed in clear view at the project site.

- **Register Online At www.msaunitedway.org**

Once you have determined a project, register your agency and project online by March 26, 2010.

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Special Notes

Please consider your ongoing volunteer needs and how they may be adapted to involve Day of Caring volunteers. This is a great opportunity to expose potential volunteers to your program which will hopefully generate some committed volunteers. For example, the regular volunteers who deliver meals to homes could take the day off and Day of Caring volunteers could deliver meals to the clients. Adding on to that idea, another group of volunteers could wash the cars that belong to the regular meal delivery helpers in appreciation for their service.

The Day of Caring is a rewarding experience for many volunteers and they want to continue to come back year after year. Volunteers want to help and know that the job they do can make a difference. They get a day off from work to do something meaningful. Think of opportunities for the volunteers that can assist your clients. Reading books to children, spending time with seniors, or helping a client with their shopping. These are the types of tasks that will change the way a volunteer views your agency.

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PROJECT DEVELOPMENT WORKSHEET

This is your opportunity to think big and out of the box!

Identify three unmet needs at your agency. (Consider client, staff, and organizational needs)

What can be done to meet those needs?

Identify unmet needs in the community that your agency could address.

What can be done to meet those needs?

Who does your agency serve? Who are your clients?

What would enrich their lives?

What activities can you do with volunteer help?

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PROJECT DEVELOPMENT WORKSHEET

This is your opportunity to think big and out of the box!

What events or fundraising activities does your agency sponsor annually?

What could be improved on for each of those activities?

How can that be accomplished by a group of volunteers?

What comes to mind when you say, "I wish we had the time, resources, and volunteers to...?"

Brainstorm with your staff and find out what would be involved to make those ideas a reality.

Looking around your agency, what physical improvements can be made? (inside and outside your building, offices, closets, and files)

Use the back of this sheet if you need more room. Once you have an idea for a project fill out the project request form and fax it to our office at 255-6243.

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Day of Caring Project Ideas

Painting

- Walls
- Trim and doors
- Deck and porch
- Outdoor concrete floors
- Murals
- Window sills
- Props
- Classroom manipulative
- Re-paint parking lot lines

Landscaping

- Mulch / weed flower beds
- Create new flower beds
- Sow grass seed
- Prune bushes/trees
- Plant flowers
- River/stream clean up
- Trail building/clearing
- Rake leaves
- Mow grass
- Trim trees and bushes

Cleaning/Organizing

- Inventory and organize food pantry/storage closet
- Clean building exterior/parking lot
- Wash windows, doors, walls
- Wash buses or vans

Administrative

- Data entry
- Research via Internet
- Bulk mailing
- Shred old files
- Organize files

Construction

- Assemble furniture
- Plumbing/electrical
- Build/install shelves
- Build porch/deck/etc.
- Build a wheelchair ramp
- Build or repair a fence
- Build benches
- Remove old carpet
- Winterizing homes
- Yard work

Client-based

- Field trips
- Friendly visiting
- Playing games
- Reading with children/elderly
- Plan fairs/parties (tea party, senior prom, ice cream social)

Miscellaneous

- Put up marketing posters/flyers
- Organize/staff a food, book, toiletry drive
- Update a playground to code
- Install safety features for an agency
- Hold a bike repair workshop

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Painting

Please use the questions below to help guide your project proposal.

The more detailed information you provide the volunteers the more likely your project will be selected.

Please do not submit this form to the United Way. It is for planning purposes only. Transfer required information to the project request form at the end of this toolkit or online.

Day of Caring Project Questionnaire

Will painting be inside outside?

What will be painted?

 window frames walls floor doors trim railing ceiling

 other _____

Description of painting surface?

 wood molding plaster cement block metal drywall

 other _____

Does the surface need to scraped sanded patched spackled?

Does the surface need to be primed? Yes No

Is the painting area well ventilated? Yes No

Number of rooms _____ and the dimensions of each room _____

Number of window frames _____ do they have mullions? Yes No

Number of doors _____

Will your agency be able to supply the resources needed to complete this project? Yes No

(Projects may be less desirable to volunteers if expensive supplies are requested of them.)

If not, please indicate what volunteers will be asked to provide.

Please review the supply check list on the following page to help you plan appropriately.

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Painting supply check list

Now that you have a detailed outline and answered the Project Questionnaire, use this check list to identify all the items you need.

Item	Detail	Quantity	Agency Will Supply	Ask Team to Supply
Painting				
Drop Cloths				
Paint				
Paint Pans				
Paint Rollers				
Paint Scraper				
Paint Stencil				
Paintbrush				
Primer				
Sandpaper				
Scraper				
Spackle				
Clothes				
Long Pants/Long Sleeves				
Masks				
Work Clothes				
Safety Glasses				
Work Gloves				
Ladder				
Ladder				
Extension Ladder				
Other Supplies				

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Landscaping

Please use the questions below to help guide your project proposal. The more detailed information you provide the volunteers the more likely your project will be selected.

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Type of landscaping?

Mulch

Trail maintenance

Mowing

Planting please describe the planting your agency requests (trees, shrubs, flowers, etc.)

Weeding

Pruning

Building a garden

Level of landscaping task difficulty 1 2 3 4 5 1 being fairly easy and 5 being difficult

Please describe the nature of your agency's landscaping project. _____

Are there any safety concerns for the volunteer workers? Yes No

If yes, please describe the concern and state if it can be alleviated easily. _____

Will your agency be able to supply the resources needed to complete this project? Yes No

(Projects may be less desirable to volunteers if expensive supplies are needed.)

If not, please indicate what volunteers will be asked to provide.

Please review the supply check list on the following page to help you plan appropriately.

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Landscaping supply check list

Now that you have a detailed outline and answered that Project Questionnaire, use this check list to identify all the items you need.

Item	Detail	Quantity	Agency Will Supply	Ask Team to Supply
Landscaping				
Bulb Planters				
Garden Hoe				
Garden Hose				
Garden Spade				
Gravel				
Lawn Mower/Gas				
Leaf Blower				
Mulch				
Pitch Fork				
Plant Clippers				
Plants				
Pruners				
Rake				
Shovel				
Top Soil				
Trees				
Weed Eater				
Miscellaneous Equipment				
Chain Saw				
Wheelbarrow				
Back Hoe				
Pickup Truck				

Notes: _____

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Construction/Renovation

Please use the questions below to help guide your project proposal. The more detailed information you provide the volunteers the more likely your project will be selected.

Please do not submit this form to the United Way. It is for planning purposes only. Transfer required information to the project request form at the end of this toolkit or online.

Will the Construction/Renovation be inside outside?

Please describe the nature of your agency's Construction/Renovation project.

Would you like to request a United Way representative to assess your project? Yes No

Will your agency be providing a skilled Team Captain* on the Day of Caring? Yes No

*(A Team Captain organizes the volunteer crew(s) on the Day of Caring and makes sure assigned tasks are being performed properly and safely)

If no, does this project require a volunteer, or volunteers with prior experience of this type of construction or renovation to complete this build? Yes No

Electrical Carpentry Plumbing Masonry General Contractor

Number of individual volunteers needed to complete the project.

Does your agency have project plans? Yes No

Does this project require a permit? Yes No

If yes, what type(s) of permit(s) and the date these permit(s) will be approved. _____

Will your agency be able to supply the resources needed to complete this project? Yes No

(Projects may be less desirable to volunteers if expensive supplies are needed.)

If not, please indicate what volunteers will be asked to provide.

Are there any safety concerns for the volunteer workers? Yes No

If yes, please describe the concern and state if it can be alleviated easily. _____

Please review the supply check list on the following page to help you plan appropriately.

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Construction/Renovation supply check list

Now that you have a detailed outline and answered that Project Questionnaire, use this check list to identify all the items you need.

Item	Detail	Quantity	Agency Will Supply	Ask Team to Supply
Construction/Renovation				
Caulk and Caulk Gun				
Circular Saw				
Concrete				
Drill				
Hammer				
Hand Saw				
Lumber				
Nails				
Pencil/Paper				
Safety Glasses				
Sandpaper				
Screw Driver				
Screws				
Sheetrock/Drywall				
Staple Gun				
Tape Measure				
Utility Knife				
Clothes				
Comfortable Clothes				
Long Pants/Long Sleeves				
Work Boots				
Work Clothes				
Work Gloves				
Miscellaneous Equipment				
Back Hoe				
Cherry Picker				
Extension Ladder				
Ladder				
Pickup Truck				
Walkie-Talkies				
Wheelbarrow				
Other Equipment and Supplies				

Notes: _____

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Clerical/Organizing/Cleaning

Please use the questions below to help guide your project proposal. The more detailed information you provide the volunteers the more likely your project will be selected.

Please do not submit this form to the United Way. It is for planning purposes only. Transfer required information to the project request form at the end of this toolkit or online.

Please briefly describe the nature of your agency's project. _____

Is the cleaning area well ventilated? Yes No

Item	Detail	Quantity	Agency Will Supply	Ask Team to Supply
Clerical				
Computers				
Copy Machine				
Fax				
File folders				
Labels				
Paperclips				
Pens				
Cleaning				
Bleach				
Broom				
Bucket				
Mop				
Paper Towels				
Rags				
Rubber Gloves				
Soap				
Sponges				
Squeegees				
Towels				
Trash Bags				
Trash Cans				
Vacuum				
Window Cleaner				

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Event Project

Please use the questions below to help guide your project proposal. The more detailed information you provide the volunteers the more likely your project will be selected.

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Please briefly describe the nature of your agency's Event Project. _____

Item	Detail	Quantity	Agency Will Supply	Ask Team to Supply
Event				
Art Supplies				
Balloons				
Card Table				
Flowers				
Games				
Glue				
Helium				
Markers				
Material				
Ribbon				
Scissors				
Streamers				
Tape				
Food				
Drinks				
Party Supplies				
Other				

Notes:

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2010 Day of Caring

PROJECT APPLICATION FORM

(Please complete ONE form per project request)

Agency or Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____

Telephone: _____ FAX: _____

Contact email: _____

Project Title: _____

Site Address: _____

Project Description: _____

Volunteers needed: _____ Hours to Complete: _____

Estimated Dollar Value on Project: _____

Materials Required: _____

Fax: 701.255.6243 Email: bstone@msaunitedway.org
DEADLINE FOR PROJECT REQUESTS IS MARCH 26, 2010.

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