

2020 PROJECT REQUEST FORM – August 12, 2020

(Please provide as much information as possible)

Name of Organization or Group: _____

Contact (Site Coordinator): _____

Phone: _____ Email: _____

Location of project: _____

Project title: _____

Project description: _____

Required Materials: _____

of volunteers required: _____ # of hours to complete: _____

Estimated dollar value of project: _____

Are there any special skills required? YES or NO

If yes, what? _____

How will you ensure safe social distancing with your project?:

_____ Outside _____ Inside (limited to families) _____ Inside (individual) _____ Virtual

Thank you!
