



2010 Make A Difference Day

PROJECT REQUEST FORM Make Copies As Needed (complete one form per project request)

Form must be completed by the Agency Coordinator and returned to United Way by **Wednesday, July 28th!*

Please type or print legibly

YOUR CONTACT INFORMATION:

Agency Name: _____

Coordinator Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Executive Director Name: _____

Executive Director Signature: _____

PROJECTION DESCRPTION (items a – m)

Please be specific when describing your Project Request. Please use a separate sheet, if needed, to accurately describe your project. If needed, include photos of the project site in its current state.

(a) This project will take place: (choose one) Indoors Outdoors Both Indoors and Outdoor

(b) This project is generally: (choose one) a Work Day (**see item d**)
(painting, landscaping, building) a Day with Clients (**see item e**)
(reading to kids, field trip, art day, etc.)

(c) Provide a general description of the project (include all tasks undertaken to complete the project):

(d) For Work Day Project Requests, Check All Tasks Involved in Completing This Project:

- | | |
|---|---|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Landscaping: Planting New Plants |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Landscaping: Laying Sod |
| <input type="checkbox"/> Landscaping: Clearing Overgrowth | <input type="checkbox"/> Other: _____ |

(e) For Day-with-Clients Project Requests, please describe whom volunteers will work with: (for example, “children age 4-5 doing art projects”, “senior adults at social gatherings”) _____

(f) Length of Project: Half-Day from ____ a.m. - ____ p.m. Full day from ____ a.m. - ____ p.m.

(g) Number of volunteers required (Please be specific!): At least: _____ No more than: _____

(h) Special skills required: _____

(i) Special clothing required: _____

(j) Specific Supplies Required: In general, your agency is required to provide all of the materials and tools necessary to complete this project. In some cases, your Volunteer Team may be able to assist you in gathering materials and tools. Please list your current inventory and needs.

Supplies/Tools Provides by Agency	Supplies/Tools Agency Still Needs
_____	_____
_____	_____
_____	_____
_____	_____

(k) Requested volunteer arrival time (not before 9:30 a.m.): _____

(l) Additional Comments About Your Requested Project:

(m) *Estimated* Cost Savings of Volunteer Labor Utilization: \$ _____

Project Address & Site Coordinator

Address of the Project Site: _____

Name of Project Site Coordinator: _____ T-Shirt Size: _____

Phone: _____ Fax: _____ E-Mail: _____

Please return this form by Wednesday, July 28, 2010 to Sarah Lange via fax to (318) 698-4035.

Before returning please make certain this form is completed in its entirety. Your cooperation and timely submission is greatly appreciated.

Thank you for participating in the Make A Difference Day process!

Please direct additional questions about Make A Difference Day to:

Sarah Lange or Casey Reynolds
United Way of Northwest Louisiana
402 Edwards St.
Shreveport, LA. 71101
Phone: 318-677-2504 ext. 23/32
Fax: 318-698-4035

TO BE COMPLETED BY UNITED WAY:

Date & Time Form Received: _____

Is Form Complete? Yes No If not, list incomplete fields: _____

Staff Initials: _____