



COMMUNITY SERVICE PROJECT APPLICATION

DATE:

APPLICANT: _____
(Name of organization)

Address _____

Contact Person _____

Phone _____

Fax _____

Email _____

SERVICE REQUESTED: (Provide a brief description)

PURPOSE OF REQUEST AND WHO WILL BENEFIT:

TIME FRAME REQUESTED:

FOLLOW-UP: Will the project require maintenance? If so, who will maintain it?

IN-KIND / PARTNERING:

ESTIMATED COSTS:

Community Service Chair Findings and recommendation:

Board Action: