



Centre County
United Way



THURSDAY, OCTOBER 7, 2010 AGENCY PROJECT PROPOSAL FORM

SUBMIT PROPOSAL TO:
Day of Caring Office
C/O Centre County United Way
2790 West College Avenue, Ste 7
State College PA 16801

Phone: 814-238-2941 or 238-8283
Fax: 814-238-5067
Email: dayofcaring@ccunitedway.org

SUBMISSION DEADLINE: July 23, 2010

Agency: _____

Contact/Title _____

Phone: _____ **Fax:** _____ **E-Mail** _____

Contact Day of Event: _____

Project Site Location (where work will be done) _____

Project Site Phone: _____

Directions to Site Location (include parking information): _____

(Please note: project should not be less than 4 hours in length and able to be completed by 4:00 pm)

Project Description: _____

***** This year we will be asking you to calculate the estimated cost of each project, to include time, materials, and labor. This information will be requested in the post Day of Caring Follow-Up Information Form.

Preferred Time to Begin: _____ Est. Number of Volunteers Needed: _____

List any special skills required: _____

List materials/supplies agency WILL provide: _____

List materials/supplies agency CANNOT provide: _____

(We cannot guarantee supplies, our hope is that some companies will assist in helping with supply costs.)

List materials/supplies volunteers need to bring: _____

Please state any special instructions or considerations concerning this project:

**Please be prepared to provide lunch for the Day of Caring Volunteers working on this project.
Also please check with the Day of Caring office at 238-2941 or kim@ccunitedway.org,
regarding picking up your volunteers t-shirts and certificates,
to be handed out on the Day of Caring.**

NOTES: