

# Care Project Request



DATE OF REQUEST: \_\_\_\_\_

## 1. CONTACT INFORMATION:

Name of Individual, Organization or Business Submitting Request:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

Name and address of Individual, Organization or Business whom request is for, if different from submitting information:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

## 2. EVENT INFORMATION (Include Estimated Cost):

Brief Description of proposed event/ project service, including key dates & times and estimated cost (monetary, materials, man power, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 3. INCOME INFORMATION:

ANNUAL HOUSEHOLD INCOME (List all household members and all sources of income received for entire household).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 4. OTHER INFORMATION OF IMPORTANCE: (Please add any further details or comments here):

\_\_\_\_\_

\_\_\_\_\_

DATE REQUEST REVIEWD BY COMMITTEE: \_\_\_\_\_

COMMITTEE COMMENTS: \_\_\_\_\_

\_\_\_\_\_

BOARD FOR APPROVAL: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_

BOARD COMMENTS: \_\_\_\_\_

\_\_\_\_\_