



## 2023 Nonprofit Project Applicant Information Form

Name:

**Phone Number:** 

Email:

**Project Address:** 

City, State, Zip:

**Type of Project Work** 

Special Skills Needed/Required

Please describe the full scope of your project request.

What items do you need provided by the project team?

What items are you able to provide to complete the scope of this project?

Will volunteers have access to use a restroom while onsite? Yes No

I understand that the submission of this request form does not guarantee that this project will be selected for the Day of Caring. I further agree that all information I have submitted is true and verifiable upon request. I understand

\*\*Please note: All projects must be able to be completed in one 3-4 hour day\*\* **PROJECT REQUEST DEADLINE: FRIDAY, AUGUST 18, 2023** For questions, contact us via Email: Lmcmahon@uwadams.org or call 717.334.5809 ext 23