



United Way
of Island County

2016 DAY OF CARING June 18 ♥ PROJECT APPLICATION
Mail or Fax Completed Application to United Way by Friday, May 27th

PLEASE PRINT

REQUESTING AGENCY, NON-PROFIT ORGANIZATION or INDIVIDUAL INFORMATION		
Agency or Organization Name (if applicable):		
Point of Contact:		
Address:		
Phone:	Fax:	Email:
PROPOSED PROJECT INFORMATION <i>(to be completed by Agency, Non-profit Organization, or Individual Making Request)</i>		
Project Location:		
Project Contact Person:		
Phone:	Fax (if applicable) :	Email (if applicable):
Project Description:		
<i>Estimated Time Required to Complete Project:</i>		
# of Volunteers Provided by Agency:	# of Volunteers Needed from United Way:	
Special Skills Needed:		
Materials/Equipment/Supplies Agency will Provide:		
PROJECT ASSESSMENT <i>(to be completed by United Way)</i>		
Materials Needed (in addition to what Agency will provide, if applicable):	Equipment/Supplies Volunteers To Bring: (gloves, paint brushes, etc.)	
Estimated Cost Materials:	Estimated Time to Complete: ____ hours ____ minutes	
Notes:		
Date to be Completed (if other than June 20):		

United Way of Island County
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