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Description automatically generated with medium confidence

**UNITED WAY OF THE EASTERN PANHANDLE**

**SEPTEMBER 10, 2024 DAY OF CARING**

**PROJECT FORM**

**PROJECT FORMS MUST BE SUBMITTED BY FRIDAY, JULY 5th, 2024**

**Name of Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternate Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please complete the following for EACH Day of Caring project:***

**Describe your project in detail, including specific room dimensions, etc. Include attachments and photos if necessary:**

**Street Address of Project:**

**Is this project at a private home? \_\_\_\_\_ Yes \_\_\_\_\_\_ No**

**If this project is at a private home, please provide the homeowner’s name and phone number. NO PROJECT WILL BE CONSIDERED WITHOUT A SIGNED DAY OF CARING CLIENT PERMISSION FORM.**

**Name of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you had a carpenter or skilled individual assess the project, determine the need for a building permit, and/or provide a list of construction materials? \_\_\_\_\_ Yes \_\_\_\_\_\_ No**

**If yes, please provide the individual’s name and phone number:**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have volunteers for this project or do you need United Way to help recruit?**

**\_\_\_\_\_\_\_ We have all the volunteers we need.**

**\_\_\_\_\_\_\_ We have some volunteers, but need more.**

**\_\_\_\_\_\_\_ We need volunteers assigned to our project.**

**If you have volunteers, please list the group, business or organization providing the volunteers:**

**How many volunteers do you anticipate you need the United Way to help recruit? \_\_\_\_\_\_\_\_\_\_\_**

**If you need volunteers with specific skills, please describe:**

**Organizations are responsible for obtaining the donated materials for their projects, providing lunch for the volunteers assigned to the project, and coordinating trash pickup/cleanup.**

**If you are unable to provide or find donated materials, please list needed materials:**

**Please submit this form, along with directions and maps, to:**

Penny Porter, CEO / Director of Community Impact

United Way of the Eastern Panhandle

24 District Way, Suite 201

Martinsburg, WV 25404

304-263-0603 Ext. 124 (Office)

304-263-0614 (Fax)

[pporter@uwayep.org](mailto:pporter@uwayep.org)

**All forms are available on our website at** [**www.uwayep.org**](http://www.uwayep.org). **Follow the link to “Day of Caring.”**