MAKE A DIFFERENCE DAY
PROJECT PLANNING

PROJECT:

_____

_____

_____

SPONSOR GROUP/ORGANIZATION:

_____

_____

PARTNER ORGANIZATION:

_____

COORDINATOR

NAME: _____

ADDRESS: _____

PHONE: _____ **ALT. PHONE:** _____

E-MAIL: _____

PROJECT SITE: _____

ADDRESS: _____

DATE OF COMPLETION: _____

DESCRIPTION OF PROJECT: _____

PREP WORK NEEDED PRIOR TO EVENT: _____

PROJECT SUPPLY LIST: _____

PROJECT TASK LIST:

TASK	TIMELINE	# OF VOLUNTEERS

PLEASE COMPLETE & FORWARD COPY TO
ANDREA ADAMS, LEHIGH ACRES COMMUNITY INITIATIVE