CITY OF ELKHART VOLUNTEER PROJECT PROPOSAL FORM

1. Applicant / Organization Information

Group/Organization Name: _____

Primary Contact: _____

Phone & Email: _____

Mailing Address: _____

Other participants helping? [ ] Yes [ ] No

If so, how many? _____

2. Project Overview

Project Title: _____

Proposed Site/Location: _____

Proposed Date(s)/Times: _____

Alternative/Rain Date: _____

Brief Description of Project (work to be done and community benefit):

_____

_____

_____

3. Logistics and Resources

Tools & Materials Strategy:

[ ] Group will bring own tools/materials

[ ] Need city-provided supplies (specify below)

_____

Other City Support Needed?
(trash pickup, closures, water, etc.)

_____

_____

Debris & Safety Plan:
(how cleared / maintained)

_____

_____

Project Maintenance Plan:

Will group continue maintenance? [ ] Yes [ ] No

If so, for how long? _____

Applicant Signature: _____

Date: _____

Submit completed forms to: Mbutler@cityofelkhart.com