



CARING HEARTS & GIVING SPIRITS
PROPOSAL FOR A SPECIAL PROJECT

PELICAN SOUND RESIDENT/PROJECT LEADER: _____

LOCAL ADDRESS: _____

CELL PHONE: _____ **EMAIL:** _____

NAME OF CHARITABLE PROJECT: _____

LOCAL CHARITY BEING SUPPORTED BY PROJECT: _____

MEMBER HISTORY WITH CHARITY or ORGANIZATION/PROJECT:

GOAL/PURPOSE OF PROJECT:

____ Tangible Goods Only

____ Tangible Goods and Restricted Monetary Donations

____ Ongoing Need

____ Emergency Need

SPECIFIC DATES PREFERRED: _____

OPERATIONAL DETAILS: (Supervision, collection method, location(s)/sites, methods of pick-up/distribution to local charity, etc.)

DESCRIBE HOW YOU WILL DETERMINE VALUE OF DONATED GOODS: The Charitable Foundation will report the values of goods to the community and report any monetary donations in its Financial Report.

SUPPORT REQUESTED FROM PELICAN SOUND CHARITABLE FOUNDATION:

____ Developing *CARING HEARTS & GIVING SPIRITS* message on PSGRC website

____ *Other:*

PLEASE RETURN THIS FORM BY EMAIL TO: grants@pscharitablefoundation.org