



Gwinnett Coalition's Gwinnett Great Days of Service

Project Application - October 19-20, 2018

Submission Deadline: August 24, 2018

Please submit completed application to: suzy@gwinnettcoalition.org

750 S. Perry Street, Ste 312, Lawrenceville, GA 30046 · 770-995-3339 · Fax 770-995-1932

Please note that a submitted project application does not necessarily guarantee its acceptance & completion. Projects MUST BE impactful and designed to be completed within 3-4 hours. All projects will be reviewed before accepted.

ORGANIZATION INFORMATION

Name of Organization _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Contact _____ Email _____

Website _____

What is the mission of your organization?

What programs or services do you offer?

What kind of diversity is reflected in the population that you serve?



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Gwinnett Great Days of Service is a program of the Gwinnett Coalition for Health and Human Services. The Gwinnett Coalition is nonprofit organization dedicated to addressing the health and human service needs of everyone in Gwinnett County, Georgia. To find out more about the Gwinnett Coalition for Health and Human Services, visit: www.gwinnettcoalition.org

This document was created in partnership with Rock Paper Scissors, LLC - Project Application



PROJECT LOCATION

Project Address _____
City _____ State _____ ZIP _____
Project Phone _____ Project Fax _____
Project Leader Name _____
Leader Phone _____ Leader Cell _____
Leader Email _____
Alternative Project Leader Name _____
Alternative Cell _____ Email _____

Does the project have restrooms that are readily available for volunteers to use? Yes No

Is this project location wheelchair accessible? (ramp/doorways wide enough for access) Yes No

Does this location have wheelchair accessible restroom with grab bars? Yes No

Is there well-stocked first aid kit onsite? Yes No

Where is first aid located? _____

Nearest Hospital _____

Describe the project you want completed:

What purpose will this project serve?:

How does this project further your mission?:

Do you have resources to sustain these efforts after Great Days of Service?:

PROJECT INFORMATION

PLEASE LIST AND DESCRIBE TASKS ASSOCIATED WITH YOUR PROPOSED PROJECT IN AS MUCH DETAIL AS POSSIBLE BELOW, including number of volunteers for each project i.e. landscaping as one project, painting as one project, cleaning as one project, building...etc.

Project Day (check one only):

Friday, October 19 - 9 am - 1 pm

Saturday, October 20 - 9 am - 1 pm

Project Information Example

Description of project (Example):

Task: Painting Community Room	Volunteers Needed
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1. Prep room, cleaning	3
2. Painting	5
3. Clean up	2
Total	10

Supplies & Tools Needed (Example):

Supplies & Tools	Quantities
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Rolls of painter's tape	2 rolls
Paint	4 x 1 gallon
Trash bags	5
Brushes	8
Drop cloths	2

Description of project:*

Task:	Volunteers Needed
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Supplies & Tools Needed:*

Supplies & Tools	Quantities
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* These items will be reviewed at the training session

PROJECT INFORMATION - Continued

Please answer the following questions:

1. Number of volunteers will you provide (Must provide at least 2-5 volunteers)? _____ Total: _____
2. Number of volunteers needed for the project besides the ones you will provide: _____
3. Is this project suitable for youth? Yes No Ages: _____
4. What is the minimum volunteer age requirement (with adult supervision)? _____
5. Are court ordered volunteers permitted to serve? Yes No
6. Can the project be completed in the event of rain? Yes No
7. Estimate total cost of materials needed for the project (excluding tools): _____
8. If funds are needed for your project, **GDOS may be able to provide some resources** for the purchase of materials/ supplies. If funds are not available to purchase all needed materials, can you provide the remainder? Yes No
9. What focus area of the Coalition does your project most closely connect to? _____
10. Would you be interested in offering other service projects throughout the year if possible? Yes No

AGENCY AGREEMENT - Great Days of Service 2018

I (name of Project Leader) _____ agree to provide pre-planning, preparation and oversight to the Great Days of Service project at (Agency's name) _____ on (date) _____.

I agree to provide and complete the following: (check ALL boxes)

- Complete the required Project Leader training.
- Provide water for volunteers on the day of the project (and where possible a light snack/refreshments for the volunteers). Snacks: Yes No Lunch: Yes No
- Provide any relevant supplies - i.e. tools, cleaning supplies, etc NOT SUPPLIED by Great Days of Service
- Ensure that all project supplies (including water/snacks) are ready for the project on the day of the project (arrange collection or delivery if necessary - this includes tools and/or landscaping supplies).
- Provide any necessary safety equipment for the volunteers to complete the project. (i.e. eye protection, ear protection, gloves, safety vest)**
- Be there for set up and take down of project (recruit needed volunteers to assist with this if necessary).
- Collect all t-shirts, sign in sheets, etc from the Gwinnett Coalition before the day of the project.
- Return all sign-in information/documentation/receipts to the Gwinnett Coalition immediately after the event. Items can be mailed to Suzy Bus at the Gwinnett Coalition.
- Market GDOS & your project on your website & social media channels
- Take before & after photos of the project site, as well as volunteers in action & share with the Gwinnett Coalition
- Generate a note of thanks to all volunteers

Signed: _____ Date: _____

Please submit the completed application to Suzy Bus at the Gwinnett Coalition.

suzy@gwinnettcoalition.org Fax: 770-995-1832

750 S. Perry Street, Suite 312, Lawrenceville, GA 30046

Please Plan Accordingly - Thank you!