



# Serving And Enriching Our Community

## Care Project Request

DATE OF REQUEST: \_\_\_\_\_

1. CONTACT INFORMATION:

Name of Individual, Organization or Business Submitting Request:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

Name and address of Individual, Organization or Business whom request is for:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

2. PLEASE CHECK ALL THAT APPLY:

- Oahe Home Builders Association Member
- Immediate spouse or family member of OHBA member
- Tradesman/Tradeswoman
- Immediate spouse or family of Tradesman/Tradeswoman

3. REASON FOR NEED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. AMOUNT REQUESTED (if Applicable): \_\_\_\_\_

5. ARE YOU WILLING TO HAVE THIS NEED MADE PUBLIC?  YES  NO

6. ARE YOU WILLING TO PROVIDE A PICTURE AND DESCRIPTION OF NEED FOR A FLYER?  YES  NO

7. HAS THERE BEEN ANY OTHER FUNDRAISING DONE TO MEET THIS NEED?  YES  NO

IF YES, PLEASE PROVIDE DETAILS (What, When, Who from and How much?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. OTHER INFORMATION OF IMPORTANCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**DATE REQUEST REVIEWED BY COMMITTEE:** \_\_\_\_\_

**COMMITTEE COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR BOARD APPROVAL: YES** \_\_\_\_ **NO** \_\_\_\_ **DATE:** \_\_\_\_\_

**BOARD COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_