



Charlotte

Women of Vision Charlotte
Volunteer Project Proposal
2009/2010

Partner Organization Contact Information:

Name of WOV Partner Representing Organization:

Name of Person Completing Form:

Name of Organization:

Executive Director:

Address, City, State, Zip:

Telephone:

Email address:

Fax:

Website:

Primary Contact for Proposal/Organization:

Please attach the following:

Verification of 501(c)(3) and 990 form status

Operating Budget

Annual Report

Chair and Board of Trustees

Chair and Board of Directors

Staff

Partner Organization Background:

Year of Incorporation:

Mission Statement:

Annual Budget:



Charlotte

Funding Sources:

Community Served and Possibilities For the Future:

Type of services currently provided by organization:

Describe in detail the population and community this organization currently serves:

Number of individuals and/or families currently served:

Results/benefits of organization's work:

How do you anticipate WOV's involvement being different from the assistance the organization is currently receiving?

How will the impact of Women of Vision on the organization be measured?

How have the needs of the organization changed in the past few years?

What types of opportunities are available for volunteers? For example, how many volunteers might be needed, how often could women volunteer, what time of day would work for volunteers, where is the location, etc.

Please attach any additional information that will help us understand your organization.

Date Submitted:

Approval:

We have approved the submission of this Volunteer Project Proposal.

Board Chair Signature and Date_____

Board Chair Name (Print)_____

Executive Officer Signature and Date_____

Executive Office Name (Print)_____