



Days of Caring Project Proposal

Days of Caring Project Criteria

In order to be considered as a UWSEPA Days of Caring (DOC) project site project submissions must fit the following criteria before being approved and posted for selection. UWSEPA reserves the right to decline project submissions that fall outside of the selected criteria and or when proposed activities are deemed inappropriate or unsafe. The Days of Caring staff will closely scrutinize these projects, selecting only those that have the greatest promise of providing a positive and meaningful impact on all stakeholders involved.

- Projects must be submitted at least 8 weeks in advance of proposed activity date.
- Projects must be able to host a minimum of 10 volunteers in a community improvement activity. This includes facilitating communications and coordinating logistics and site visits with registered volunteers pre-DOC.
- DOC Projects should be aligned with UWSEPA's Agenda for Community Solutions Priorities. Additional project submissions will be considered. However, project priority will be given to those project submissions that are aligned with a priority level goal as defined in the Agenda.
- Project registrations must be completed in their entirety including # volunteers requested, tasks/activities, anticipated outcomes, supply costs with itemized stipend request budget
- If you organize an outdoor project, please prepare a back-up plan (new project or strategy to address inclement weather).
- Details on how the project will foster greater community and volunteer engagement (prior and during activity) are highly encouraged.

To submit your Day of Caring Project complete the form below.

Please work through the form, and don't hesitate to call us for help if necessary.

Agency Information: Agency Name: Address: City, State Zip Website:	
Days of Caring Project Coordinator: <i>(The staff person you select, within your organization, to organize and manage the project(s) developed)</i> Contact Name: Title: Email: Phone number: Fax:	



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Project Title:	
Project Description: Enter any additional information describing the opportunity and include any specifics the volunteer should be aware of prior to arriving.	
Project Location (if different from agency address):	<i>Site Name:</i> <i>Address:</i> <i>City, State:</i> <i>ZIP code:</i>
Rain Plan (if outdoor project):	
Directions to project site by public transportation:	
County	<i>Chester Delaware Montgomery Philadelphia</i>
If Philadelphia County – What Neighborhood?	<i>Center City; South Phila.; West Phila.; North Phila. ; Northwest Phila; Far Northeast Phila. ; Lower Northe Phila.; Southwest Phila.</i>
Date(s) of Project	
Time of Project:	
Minimum Age Requirement: <i>(not required)</i>	
# of Volunteers Needed:	
Required Skills (optional):	
Are you open to the United Way matching you with a corporate partner for this project on an <u>alternative date</u>?	Yes No
Pick a Category: (Select up to three categories, one is required) <i>Advocacy & Human Rights</i> <input type="checkbox"/> <i>Animals</i> <input type="checkbox"/> <i>Arts & Culture</i> <input type="checkbox"/> <i>Board Development</i> <input type="checkbox"/> <i>Children & Youth</i> <input type="checkbox"/> <i>Community</i> <input type="checkbox"/> <i>Computers & Technology</i> <input type="checkbox"/> <i>Crisis Support</i> <input type="checkbox"/> <i>Disabled</i> <input type="checkbox"/> <i>Education & Literacy</i> <input type="checkbox"/> <i>Emergency & Safety</i> <input type="checkbox"/> <i>Employment</i> <input type="checkbox"/> <i>Environment</i> <input type="checkbox"/>	<i>Gay Lesbian Bi & Trans</i> <input type="checkbox"/> <i>Health & Medicine</i> <input type="checkbox"/> <i>Homeless & Housing</i> <input type="checkbox"/> <i>Hunger</i> <input type="checkbox"/> <i>Immigrants & Refugees</i> <input type="checkbox"/> <i>International</i> <input type="checkbox"/> <i>Justice & Legal</i> <input type="checkbox"/> <i>Media & Broadcasting</i> <input type="checkbox"/> <i>Politics</i> <input type="checkbox"/> <i>Race & Ethnicity</i> <input type="checkbox"/> <i>Religion</i> <input type="checkbox"/> <i>Seniors</i> <input type="checkbox"/> <i>Sports & Recreation</i> <input type="checkbox"/> <i>Women</i> <input type="checkbox"/>
Projects Appropriate for:	
<i>Kids</i> <input type="checkbox"/> <i>Teens</i> <input type="checkbox"/> <i>People 55 +</i> <input type="checkbox"/> <i>Groups</i> <input type="checkbox"/>	



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T-Shirt Order (for your agency staff only):	<i># of Small:</i> <i># of Medium:</i> <i># of Large:</i> <i># of XLarge:</i> <i># of XXLarge:</i>
Itemized stipend request budget (please submit a budget for your proposed activity):	
Which of the United Way's Agenda for Community Solutions priority areas does this project best support?	Early Childhood Education Success in School Adult Self Sufficiency Older Adult Independence Other _____
Can volunteers bring children?	Yes. What age? _____ No
Is this project accessible to people with disabilities?	Yes No

Please submit completed proposals to:
 Days of Caring-Project Proposals
 United Way of Southeastern Pennsylvania
 7 Benjamin Franklin Parkway / Philadelphia, PA 19103
 Phone: (215) 665-2501 / Fax: (215) 665-2531 / E-mail:
daysofcaring@uwsepa.org