



Master Food Volunteer Proposed Project Authorization Form

This form must be completed and approved before project can be counted as VCE-MFV hours.

Date: _____ Your Name: _____

Project Name: _____

Project Location: _____

Educational
Goals:

Value of
Project to
Community:

Chairman: _____ Co-Chairman (required) _____

Event Date/Time/Duration of Project: _____

Estimated Number of Volunteer Hours Involved: _____ Are minors involved? Yes No

Weekly: _____ Annually: _____ Entire Project to Completion: _____

Please complete the following plans, using additional pages if needed.

Plan to Implement Project:

Project
Timeline:

Cost/
Resources
Needed:

Publications/
Displays:

Recipes—
from
SNAP-Ed
or approval
by Extension
Agent:

Assistance
Needed:

Registration:

SNAP-Ed: _____

Other: _____

Reporting:

Sign-In Sheets: _____

Contacts: _____

Plan to Evaluate and Report Project:

Any grants or external funding must be approved by the Extension Agent and reported as part of the evaluation.

Submitted by: _____ Date: _____

Approved by: _____ Date: _____
(Extension Agent)

Form developed by Nancy Stegon, Family and Consumer Sciences Extension Agent, Prince William County