

PROJECT DESCRIPTION FORM

1. Organization: _____

Contact Person: _____

Address: _____

Telephone: _____ Email: _____

Mission Statement: _____

Membership/# of donors: _____

2. Specific Project within Organization:

Type of Project: _____

Community Impact: _____

Duration: _____

Description: _____

3. Project Needs (Volunteers, Funds, Donations) - Please describe:

Volunteers: _____

Funds: _____

Donation: _____

4. PSL Contact:

Member Name: _____

Relationship (if any) to Organization: _____

5. Has PSL donated/volunteered with the organization before?

**POLICIES AND PROCEDURES OF THE
PORTSMOUTH SERVICE LEAGUE**

POLICY STATEMENT

Due to our tax-exempt status, it shall be the policy of the Portsmouth Service League to refrain from taking stands on political or religious issues.