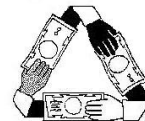


HOUR EXCHANGE

Making Community Connections with Local Currency



Date:

Organization Name

Address:

City:

State:

Zipcode:

County:

Website:

Phone #:

Executive Director or Board Chair

First Name:

Last Name:

Title:

Email:

Mission & Primary Activities

Counties where services are provided:

Employer ID number (EIN)

Years org. established:

Number of paid employees:

Number of Volunteers:

Project Contact Person

Name:

Title:

Phone:

Email:

Project Description: (one sentence)

Key Project Components:

(a snapshot of your project including population to be served and measurable outcome)

How many persons will benefit directly from this project?

What counties will be served through this project?

How will you provide information about HOURS through your organization?

Project Budget

Total requested HOURS:

Name (printed) of head of organization

Title

Signature of head of organization (director or board chair) Date