



Publication FST-83

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	Dn:
Educational Goals:	
Value of Project to Community:	
Chairman:	Co-Chairman (required)
Event Date/Tir	ne/Duration of Project:
Estimated Nun	nber of Volunteer Hours Involved: Are minors involved? _ Yes _ No
Weekly:	Annually: Entire Project to Completion:
Please comp	lete the following plans, using additional pages if needed.
Plan to Impl	ement Project:
Project Timeline:	
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Cost/ Resources Needed:	

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