

Beaver Valley Contractors and Suppliers Association
Application for Project Assistance

Member who is referring this project : _____

Applicant Name: _____

Street Address: _____

City, State, and Zip Code: _____

Phone: _____ Cell: _____ email: _____

Beneficiary Name: _____

Street Address: _____

City, State, and Zip Code: _____

Phone: _____ Cell: _____ email: _____

Please give a brief description of the nature of and the reason for this request: _____

Please provide the scope of work to be completed, including any designs, plans, schematics, permits, and estimates. Be as detailed as possible. _____

Who will be the project manager or general contractor: _____

What is the estimated cost of project completion: \$ _____

What amount will be covered by insurance or other 3rd party benefits and donations already received:

\$ _____

What amount is request of BVCSA: \$ _____

Will donations of time and/or material be desired or acceptable, and if so, what is needed: Yes No

Please be as detailed as possible, and feel free to use additional sheets and attachments as needed.

Applicant Signature

Date

By signing above, applicant warrants the truth and accuracy of this application and further certifies that all work is to be completed in a professional manner by a licensed contractor in full compliance with any and all building codes.

Date received by BVCSA: _____

Date presented to the Board of Directors BVCSA: _____

Approved

Tabled for Discussion

Declined

Vote Count:

Comments: _____
