

**ASHLAND UMC PROJECT REQUEST FORM
SUBMIT FORM TO CHURCH SECRETARY**

Name of Group/Individual proposing the project: _____

Project Coordinator/Point of Contact: _____

Phone number: _____

Name of Project: _____ Date Submitted: _____

Detailed description-- pictures & drawings of the project:

How will this project benefit Ashland UMC:

Estimated cost of the project: _____ Source of funding: _____

List of materials to be used: (include brand names and color selections if applicable)

Names of vendors/contractors involved in the project: include phone numbers

Who will perform the work: Names of individuals/company:

Time frame of work and estimated completion date:

****No work on any project is to be performed without written approval from the Trustees

Trustee assigned to the project: _____ Approved/not approved: _____