Project Supply List

List each item you will need for your project and its purpose. Note the quantity needed. If it will be an in-kind donation, identify the donor. If you will purchase the item, record the purchase price. Be as thorough as possible.

Project: _____

Location: _____ Date: _____

Contacts

	National Service Program	Agency	Volunteer Leader
Name:			
Phone:			
E-mail:			

Description	Purpose	Amount	In-kind Provider	Purchase Price

This form was created by Hands On Network, a Corporation for National and Community Service training and technical assistance provider. For more information on leveraging additional volunteers, contact Hands On Network at training@handsonnetwork.org or 404-979-2900.