

## 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: \_\_\_\_\_

Educational Goals:


Value of Project to Community:


Chairman: \_\_\_\_\_ Co-Chairman (required) \_\_\_\_\_

Event Date/Time/Duration of Project: \_\_\_\_\_

Estimated Number of Volunteer Hours Involved: \_\_\_\_\_ Are minors involved?  Yes  No

Weekly: \_\_\_\_\_ Annually: \_\_\_\_\_ Entire Project to Completion: \_\_\_\_\_

**Please complete the following plans, using additional pages if needed.**

### Plan to Implement Project:

Project Timeline:


Cost/ Resources Needed:


[www.ext.vt.edu](http://www.ext.vt.edu)

Publications/  
Displays:


Recipes—  
from  
SNAP-Ed  
or approval  
by Extension  
Agent:


Assistance  
Needed:


**Registration:**

SNAP-Ed: \_\_\_\_\_

Other: \_\_\_\_\_

**Reporting:**

Sign-In Sheets: \_\_\_\_\_

Contacts: \_\_\_\_\_

**Plan to Evaluate and Report Project:**

Any grants or external funding must be approved by the Extension Agent and reported as part of the evaluation.


Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Extension Agent)*