

Ph: 301.739.8200

## **2022 NONPROFIT SITE VISIT FORM**

Contact Name:	Agency:		
Phone:	Address:		
Email:			
Total Number of Volunteers Needed:	Hours Needed To Complete All Projects:		
Project # 1 Description:			
Project # 1 Address:			
Building or Trade Permits Required? If so, can one be obtained prior to starting project?	Yes No Yes No		
For verification, contact the City of Hagerstown Per Office at 240-313-2435	mit Office at 301-739-8577 ext. 119 or the County Permit		
Which tasks can be completed from Agency's requ	est? (Assessing time and costs)		
1			
2			
3			
List of supplies for Teams to purchase or bring (Ple etc.):	ease be very specific to include paint colors, # of gallons,		
1			
2			
3			
Any supplies being provided by Agency? Yes If so, please specify:	No (Do not include these items in supplies above)		

Estimated cost of supplies:				
Special Tools/Equipment Needed: (Including Truck/T	railer 1	To Haul Away Items)		
		•		
If needed, is there access to water and electricity?	Yes	No		
If so, indicate location:				
List any safety concerns for volunteers:				
Can thou be corrected? If so how?				
Can they be corrected? If so, how?				
	No			
If no, is there an alternate parking area? Yes	No	Location:		
Any additional comments or concerns?				
For Project one:				
Number of Volunteers :	Time F	Required:		
Project # 2 Description:				
Project # 2 Address:				
Building or Trade Permits Required?	Yes	No		
If so, can one be obtained prior to starting project?	Yes	No		
For verification, contact the City of Hagerstown Permit Office at 301-739-8577 ext. 119 or the County Permit				
Office at 240-313-2435				
Which tasks can be completed from Agency's request? (Assessing time and costs)				
1				
		<del></del>		

2		
3		
List of supplies for Teams to purchase or bring (Pl	loaco ho	vons enocific to include paint colors. # of gallons
etc.):	lease be	very specific to include paint colors, # or gallons,
1		
2		
3		
Any supplies being provided by Agency? Yes	No	(Do not include these items in supplies above)
If so, please specify:		
Estimated cost of supplies:		
Special Tools/Equipment Needed: (Including Truc	k/Trailer	To Haul Away Items)
If needed, is there access to water and electricity? If so, indicate location:	Yes	No
List any safety concerns for volunteers:		
Can they be corrected? If so, how?		
Is there adequate on-site parking?  Yes If no, is there an alternate parking area?  Yes	No No	Location:
· ·		
Any additional comments or concerns?		

For Project Two:				
Number of Volunteers :	Time Re	quired:		
Project # 3 Description:				
Project # 3 Address:				
Building or Trade Permits Required?	Yes	No		
If so, can one be obtained prior to starting project?	Yes	No		
For verification, contact the City of Hagerstown Pern Office at 240-313-2435	nit Office	at 301-739-8577 ext. 119 or the County Permit		
Which tasks can be completed from Agency's reques	st? (Asse	ssing time and costs)		
1				
2				
3				
List of supplies for Teams to purchase or bring (Plea etc.):  1.				
2				
3				
Any supplies being provided by Agency? Yes If so, please specify:	No (	(Do not include these items in supplies above)		
Estimated cost of supplies:				
Special Tools/Equipment Needed: (Including Truck/Trailer To Haul Away Items)				
If needed, is there access to water and electricity? If so, indicate location:	Yes	No		

List any safety concerns for volunteers:			
Can they be corrected? If so, how?			
Is there adequate on-site parking?	Yes	No	
If no, is there an alternate parking area?	Yes	No	Location:
Any additional comments or concerns?			
For Drain at three			
For Project three:			
Number of Volunteers :		Time I	Required:
Form Completed By:			Date:
Signature of Agency Representative Form Reviewed With:			
Date:			