



Community Service Project Application

For City Staff Use Only:

Date Received: ___/___/___

Permit Provided: ___/___/___

Email _____ Copy Pick Up _____

Contact Information

Name of Organization	
Name	
Date (submitted)	
Phone	
E-Mail Address	

Project Description: (Please provide overview of project including location)

Funding & Financial Support

If applicable, please provide an estimate for cost of project. If you have received a donation or grant, please provide the source. This information will be helpful as funding sources often appreciated community support. This information may assist in obtaining future funds, or allow funding matches if any are available.



Volunteer & Project Implementation

How many individuals will be volunteering with you? Who will be responsible for management of volunteers? What is the timeline for project completion?

Agreement and Signature

By submitting this application, I understand no project will occur on City properties until documented permission is received. If approved, I/we will meet all requirements provided. If any changes occur for any reason we will notify the City as to the date, timeline, and end product result for approval before proceeding.

Name (printed)	
Signature	
Date	

Safety and Well Being

It is the intent of the City of Ludlow to make certain our residents, business owners, and visitors are safe and well when making use of public properties. We appreciate you taking the time to fill out this request form as it will ensure your safety and the safety of everyone else. We will let you know if the City is able to provide additional resources.