



BOARD OF COMMUNITY ASSISTANCE

Enhancing Life and Community in Upper Merion Township

SERVICE PROJECT PLAN Sign off Sheet

Your BCA Community Service Project Plan must be approved by the organization or sponsoring adult.

- **Service Project Name:**
- **Listing of specific service project elements:**

1.
2.
3.
4.
5.

- **What contribution to the organization will be made by your project?**

Project Sponsor: I approve this BCA SERVICE PROJECT: YES NO

If NO, please state reason: _____

Project Sponsor Name: _____

Email: _____ **Phone:** _____

Organization Name: _____

Signature: _____

Date: _____