THE UPEC CHARITABLE FUND

P. O. Box 1765
Bronx NY 10451

PROJECT QUALIFICATION INFORMATION

1) TYPE OF PROJECT *(Check One)*: ☐ Water ☐ Educational ☐ Health

2) PROJECT DESCRIPTION:

_____

3) LOCATION:

(Community) (District) (Region)

_____ _____ _UE/R__

4) FACILITY OWNER *(Check One)*: ☐ Gov't ☐ NGO ☐ Community ☐ Religious body ☐ Private

5) THE ISSUE *(Briefly describe the existing conditions and attach at most 3 pictures, if applicable)*:

_____

_____

_____

6) PROPOSAL *(Your proposal including brief description of extent of work required)*: _____

_____

_____

_____

_____

7) PROJECT BENEFITS *(Briefly describe the benefits of the project)*: _____

_____

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8) COST *(Estimated cost of proposed project in GHC)*: _____

9) CONTACT PERSON *(Community contact)*:

Name: _____ *Position:* _____ *Phone #:* _____

10) SUBMITTED BY:

Name: _____ *Phone #:* _____