

**VISTA Project Application
Continuing Projects
2007-2008**

Applicant Organization

Name _____

Address _____

City _____ Zip _____

Telephone () _____

Fax () _____

County _____

Contact Person

Name _____

Program _____

Address _____

City _____ Zip _____

Telephone () _____

Fax () _____

Email _____

Agency Director

Signature

Name and Title

Date

Board of Directors Representative

Signature

Name and Title

Date

Application Instructions

Complete this face sheet and narrative responses to the attached application, (not to exceed three pages plus attachments, and

Mail to
Human Services Council
VISTA Project Application
201 NE 73rd 73rd St
Vancouver, WA 98665

or

Deliver to:
Human Services Council
corner of Hazel Dell Avenue & NE 73rd
Vancouver, WA

Application checklist:

- Continuing Project Application signed by Agency Director and Board of Directors Representative (Original and **one copy**)
- VISTA Position Description
- Project Plan
- Supervisor's resume and job description (If Changing)
- One current letter of community support

Questions? contact Anne Turner 624-9022 or anne@dshs.wa.gov