VISTA Project Application
New 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:

- ☐ New 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
- ☐ Two current letters of community support

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