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| NAME OF PROJECT |  |
| ADDRESS OF PROJECT |   |
| PROJECT CONTACT NAME, NUMBER AND EMAIL |  |
| WHO OWNS THE LAND? DO WE NEED PERMISSIONS FROM COUNCIL/COMMMUNITY GROUPS/COMITTEES? |  |
| OVERVIEW OF PROJECT (WHAT IS EXPECTED TO BE DONE?) |  |
| IS THE PROJECT BIG ENOUGH FOR 10 PEOPLE TO COMPLETE OVER 8-9 DAYS? |  |
| WHAT GROUPS WITHIN THE COMMUNITY WILL BENEFIT FROM THIS PROJECT? (HOW MANY PEOPLE?) |  |
| WHO WILL MAINTAIN THE PROJECT ONCE COMPLETED? |  |
| WILL THERE BE MEMBERS OF THE COMMUNITY THERE WHEN WE ARE COMPLETING THE WORK? |  |
| ARE THERE TOILETS AVAILABLE TO USE?  |  |
| IS THERE SAFE OVERNIGHT STORAGE OF EQUIPTMENT? |  |
| ARE THERE KITCHEN FACILITIES AVAILABLE TO USE? |  |
| IS THERE A SMOKING AREA? |  |
| ARE THERE LOCAL AMENITIES NEARBYE? (SHOPS ETC) |  |
| HEALTH AND SAFETY CONCERNS? (ASBESTOS, WORKING AT HEIGHT, SHARPS) |  |
| CAN THIS PROJECT TAKE PLACE IN ALL WEATHER CONDITIONS? |  |
| PREFERENCE ON PROJECT DATES?(FEBRUARY, JUNE, OCTOBER) |  |

N.B- If the answer is No to the green questions, we will be unable to complete the project.