



EHC Project Designation

FCS 742 (04-2025)

Name of County _____ District ☐ Ozark ☐ Ouachita ☐ Delta

Name of Club _____ Number of Members involved _____

Name of Project _____

Name of Project Chair _____

Address of Project Chair _____

City _____ AR Zip Code _____

Phone Number _____ E-mail _____

Number of Volunteers _____ Number of Volunteer hours _____

Dollar Amount Contributed _____

Name, Address, Phone Number and Email of person accepting award for your county/club at the upcoming state meeting

Name _____

Address _____

Phone # _____

Email _____

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