



<b>EHC Project Designation</b>  FCS 742 (04-2025)
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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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