

Project Assistance Request Form

Please fill out the information below in order to help your organization and CCHBA determine the scope of the project request. Please include any diagrams, floor plans or documents available and add additional pages as necessary. CCHBA will attempt to acquire insurance through Builders Mutual Insurance. If this is not available, proof of insurance must be provided by project lead at start of project.

1. Organization/Individual Making Request:

2. Person Responsible for Project (Point of Contact/Decision Maker):

3. Address:

4. Phone Numbers:

5. Location of Project:

6. Brief Description of Project (use additional pages as necessary):

7. What would be CCHBA's role in this project?

8. Are there finances available for this project (Materials, permits, design fees, engineering if required, etc)?

9. Who would be responsible for gathering the items required for this project?

Carteret County Home Builders Association

10. What is the time frame for this project (Single date, flex days, fixed dates)?

11. Would CCHBA be allowed to use this project in a media relations program (press releases, social media, website, etc)?

Thank you for your interest in working with the Carteret County Home Builders Association