



**PROJECTS OF SPECIAL MERIT
2018 APPLICATION FORM**

PROJECT TITLE: _____

NAME OF ORGANIZATION: _____

PRIMARY CONTACT

Name: _____

Address: _____

Telephone: _____ E-Mail: _____

PROJECT CHAIRMAN

Name: _____

Address: _____

Telephone: _____ E-Mail: _____

WHAT COMPANY/COMMUNITY/SCHOOL DO THE VOLUNTEERS SUPPORT? :

How many volunteers are in the group? _____

If affiliated with an opera producing organization, how many productions _____ and how many performances of each _____ are produced every year (on average)?

PROJECT TYPE

____ Advocacy ____ Artist Support ____ Audience Development ____ Education ____ Fundraising

____ Organization/Training ____ Communication

Was this project ____ a one-time special event or ____ one that has been repeated? If repeated, how many times has the project been repeated? _____

PROJECT GOALS

PROJECT DESCRIPTION (Please use additional pages if needed for additional description.)

PLANNING AND ORGANIZATION

When did you begin working on this project? _____

How many committees and volunteers were involved? _____

How long did it take to complete the project? _____

What role did the opera producing organization have in the project, if any? _____

What type of professional assistance did you need (consultants, performers, caterers, etc.)? _____

Funding information (include all costs to support group, costs to company, underwriting, profit, etc.) _____

Publicity and Promotion _____

RESULTS

How well did it meet your goals? _____

What unexpected problems did you encounter? _____

What changes or suggestions would you make to improve the project? _____

If you are awarded a Project of Special Merit, which local publications should be notified?

Name of Publication(s) _____

Email Address of Publication(s) _____

Contact Name, Email and Phone _____

I verify this as a VOLUNTEER of our Group.

PRIMARY CONTACT SIGNATURE:

E-Mail address: _____ Telephone: _____

Date _____

ALL INFORMATION DUE no later than February 1, 2018

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OPERA VOLUNTEERS INTERNATIONAL
www.OperaVolunteers.org



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PUBLICITY INFORMATION FOR OVI PROJECTS OF SPECIAL MERIT

NAME OF PUBLICATION _____

EMAIL ADDRESS OF PUBLICATION _____

NAME OF CONTACT PERSON AT PUBLICATION _____

EMAIL ADDRESS OF CONTACT PERSON AT
PUBLICATION _____

TELEPHONE NUMBER OF CONTACT PERSON AT
PUBLICATION _____

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