

Unitarian Universalist Congregation of Venice (UUCOV)
WISH LIST FORM

(Completed form must be submitted to the Coordinating Council Chairperson for review and approval.)

Project/Item:

Description:

Need/Benefits:

Cost:

Submitted by (UUCOV Team or Individual): _____

Email and Phone: _____ **Date:** _____

----- For UUCOV Use -----

Coordinating Council Criteria Review

- _____ Congregation vision and goals
- _____ Community presence and outreach
- _____ Campus grounds and facilities enhancement
- _____ Program and service expansion and/or efficiency
- _____ Other (explain)

Coordinating Council Recommendation:

Board of Trustees Approval

- _____ Approved
- _____ Not Approved (Reason)

Board of Trustees Secretary (signature) _____ Date _____

Wish List Coordinator (signature) _____ Date _____

If approved, implemented by: _____