



Roanoke Valley-Alleghany  
**REGIONAL**  
commission

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(Please no more than 3 requests per locality)

## WORK PROGRAM SUGGESTION FORM

**Locality:**

**Name:**

**Job Title:**

**Phone:**

**E-mail:**

**Project Title:**

**Rank:**  1  2  3

Rank if submitting more than one project.

**Commission Role:**  Lead  Partner  Technical Assistance  Grant Assistance

**Purpose:**

**Scope of Work/Tasks:**

**Deliverables**

**Schedule**

**Project Contact, Resources, & Stakeholders**