



Junior Auxiliary of Russellville, AR

Proposal for Service Projects/ Funding

Organization Name: _____

Contact Person: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Request for (check all that apply): _____ Volunteer Hours _____ Monetary Funding

Approximate Dates/ Times Volunteer Hours Requested: _____

Number of Volunteers/Hours Requested: _____

Amount of Funding Requested: _____ (please attach itemized budget)

Number of People Served by Project: _____ Age(s) of People Served by Project: _____

Please list any additional organizations from which support has been requested or received:

Suggested Project Title: _____

Project Description (please attach)

Form Completed by:

Please provide contact information if person completing form is different than organization contact

Phone Number: _____ Email: _____

Please return completed form to jaofrussellville@gmail.com by March 1, 2020

