**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: (**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)

 COVID modifications needed for project success and health dept compliance:

Form Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: Email:

Please return completed form to jaofrussellvillevp2@gmail.com by March 19, 2021