Date of application: _____

Junior Service League of St. Augustine Planting Fund Request Form

Planting Fund applications are reviewed by the Junior Service League Executive Board upon request. Applications are accepted throughout the year.

Organization Information

Name of organization _____ Legal name, if different _____

Address _____ City _____ State _____ Zip _____

Phone _____ Web site address _____

Name of contact _____ Title _____ Phone _____ Email _____

Name of board chair, president, or residing officer _____ Title _____ Phone _____ Email _____

Proposal Information

Please construct a 3-4 sentence summary of the request:

Funds are being requested for (check the one or more that best fits your program or project):

☐ General ☐ Operating support ☐ Start-up costs ☐ Capital
☐ Program/project support ☐ Technical assistance ☐ Other (please specify) _____

Project dates: _____ Fiscal year end: _____

Budget

Dollar amount requested: $ _____
Total program or project budget (copy attached) $ _____

Authorization

Name of the board chair, president, or presiding officer: _____

SIGNATURE _____ DATE _____