



Cover Sheet

Project and Volunteer-Only Project Proposals

AGENCY _____

PROJECT NAME _____

AMOUNT REQUESTED* _____
*(If request is for Volunteer-Only Project, no funds will be provided and this should be left blank.)

BRIEFLY DESCRIBE PROGRAM TO BE SUPPORTED BY JLA VOLUNTEERS and/or FUNDS

IF JLA FUNDS ARE REQUESTED, LIST SPECIFICALLY HOW JLA FUNDS WILL BE USED FOR ALL COST ITEMS:

<i>Item</i>	<i>Amount</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NUMBER OF VOLUNTEERS NEEDED FOR THIS PROGRAM _____

BRIEFLY DESCRIBE VOLUNTEER OPPORTUNITIES FOR THIS PROGRAM

NAME, ADDRESS, & PHONE NUMBER OF PERSON(S) KNOWLEDGEABLE ABOUT THIS PROPOSAL

1. _____
2. _____
3. _____