

PARK RAPIDS SCHOOL FOREST PROGRAM

PROJECT REQUEST FORM

Earmarked funds requested _____ School Forest Account-Fund 9
(Park Rapids School is the Fiscal Agent)

Name/Grade _____ Date _____

Project Name _____

Explanations of the project or request: _____

Amount of Request: \$ _____ Total Cost of Project: \$ _____

Approximate completion date of project: _____

Name of Contact Person: _____

Address: _____

Phone number: (day time) _____

(evening) _____

I hereby acknowledge and certify that the request for funds will be spent for the above project request:

(signature)

(To be completed by the Park Rapids School Forest Committee)

Request # _____ Received By _____

APPROVED _____ DISAPPROVED _____ DATE _____