

Outdoor Classroom Project Proposal

Group/Individual/Org Name: _____

Are You A: Individual Community Group School Group Professional Group

Contact Name: _____ Phone: _____

Address: _____ Email: _____

What kind of space will you need? Planter ____ Other _____

Dates the space is needed: Start Date: _____ End Date: _____

Are you requesting financial support for your project? YES NO

If Yes, How Much? \$100 \$200 \$300 \$400 \$500 Other _____

Please Note, Financial support is not always available for projects. Will you be able to complete this project without financial support from the Town of Farragut? YES NO

Please briefly describe your project (what it is, how it will be maintained during the duration and by who, how will it be funded, etc.):

Please note that financial support may not be readily available for your proposed project and that an application neither guarantees nor implies availability of the space or funding.



Insert Illustrations, Photos or Other Attachments Below

