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APPLICATION FOR A MATCHING GRANT FOR COMPLETION OF A BEAUTIFICATION PROJECT

PLEASE PRINT

Name of Organization _____

Tax Status _____

Name of Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email Address _____

Location of Property _____

Brief Description of Project _____

(Attach another Page if Necessary)

Start Date _____ Completion Date _____

Estimated Cost _____ Amount Requested _____

Printed Name _____ Title _____

Signature _____ Date _____