

PROJECT SUGGESTION FORM

Please fill out form including your name and how we can contact you. Give a brief description of the project and the area the project would take place.

Date : _____

Name: _____

Organization affiliation (if any) _____

Address _____

Phone (_____) _____

Email _____

Type of project: Education Conservation Restoration

Brief description of proposed project and area:

Submit project suggestion form to Lonnie Johnson, OBBAC 611 Bummer Creek Lane, Grants Pass, OR 97526 or email damaro@budget.net.