



Eagles Scout Project Proposal

Please fill out and return to
volunteer@idahofalls.gov or
520 Memorial Dr. Idaho Falls, ID 83402

CONTACT INFORMATION

NAME (first, last): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BEST CONTACT #: _____

EMAIL: _____

PROJECT INFORMATION

Project Idea (please provide a map of location): _____

Project Location (please provide a map of location if possible): _____

Project Description (please provide as much detail as possible and attach any additional information that will help with your project description): _____

Tools and Supplies needed to complete project: _____

Tools and Supplies requested from Parks Department to complete project: _____

Estimated time needed to complete project: _____

Estimated Cost: _____

Number of Staff Needed for Project: _____

Number of Volunteers Needed: _____

FOR INTERNAL USE ONLY

RECEIVED		INITIALS: _____	DATE: _____
CONTACTED		INITIALS: _____	DATE: _____
APPROVED	Y	N INITIALS: _____	DATE: _____
PROJECT COMPLETED		INITIALS: _____	DATE: _____