



Albany Andhra Association (AAA)

A Non-profit tax-exempt organization Under IRS Section 501 (c) (3)

Project Request Form

Requestor Name :	Request Date:
Requestor Details -	
Address :	
City , State Zip :	
Phone :	Email :
Project Name :	
Project Village:	
Project Category :	<input type="checkbox"/> Health <input type="checkbox"/> Medical <input type="checkbox"/> Education <input type="checkbox"/> Sanitation <input type="checkbox"/> Cultural <input type="checkbox"/> Other
(If Other Explain) :	
Beneficiary/Village Contact Details -	
Address :	
City , State Zip :	
Phone :	Email :
Need for the Project:	
Project Requirement:	
Project Contributors in Village:	

Estimated Project Cost:
Timeline for Project Execution:
Beneficiaries of the project:
Proposed Maintenance Plan:
Local Contributors for the project:
Proposed Project Execution methodology:
Any Additional Information :

I/We hereby declare that the above statement is true to the best of my knowledge and belief, and understand that if any incorrect information may subject to project suspension/implementation.

Place: _____

Date: _____

Signature