



PROJECT APPROVAL REQUEST FORM

Instructions: Please complete both sides of this form to apply for funding from the Education Fund. Return your completed form to the address or FAX number above and retain a copy for your records.

NAME OF LEAGUE: _____ DATE: _____

- New Project Continued Project Change in Existing Project

Contact Person: _____

Address: _____

_____ Zip Code

Phone: _____ FAX: _____

E-mail: _____

FOR GRANT SERVICES:	
Date:	_____
<input type="checkbox"/>	Approved Project No. _____ Ed Fund Contact: _____
<input type="checkbox"/>	Disapproved Reason(s): _____ _____

Project Title: _____ Project No. (if existing project): _____

Project Description (include relevant dates): _____

Anticipated Completion Date: _____

Plans for execution, including distribution of any printed material: _____

PROJECT BUDGET

Project Title: _____ Project No. (if existing project): _____

	INCOME	EXPENDITURES
Portion budgeted from Ed Fund money on deposit \$ _____		Printing \$ _____
		Postage _____
		Supplies _____
Anticipated donations to Ed Fund account from:		Office overhead _____
_____	_____	Volunteer exp. _____
_____	_____	Other: _____
_____	_____	_____

Portion from League's general fund: _____		
From fees or sales: _____		
Other: _____	_____	
	TOTAL	TOTAL

Person who prepared this form: _____ Phone: _____

_____ FAX: _____

Address: _____ E-mail: _____

_____ Zip Code

Request approved by _____, President