

**ACSA REGION XIV
APPLICATION FOR GRANT FORM**

- CHECK ONE: Professional Development Program Account
 Committee Account
 Charter Group Support Account

Do not announce Program/Activity or commit ACSA Region XIV prior to Cabinet approval of grant.
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1. Group Making Application _____
2. Name of Program or Activity _____
3. Name, address, phone number of person submitting application _____

4. Title (ACSA, Charter Group) of person submitting application _____

5. Description of the program/activity planned _____
 - a. Purpose _____

 - b. Activities _____

 - c. Date, time and place of program _____

 - d. Estimate total number of persons who will participate _____. Estimate how many ACSA members will participate _____.
 - e. Names of Charter(s) to be served (unless Region-wide) _____

 - f. Estimated costs (itemize: rental, speaker, supplies, food, transportation, etc.) _____

- | | |
|--|----------------|
| g. Anticipated income from activity | Total \$ _____ |
| h. Anticipated support from any other source | Total \$ _____ |
| Specify source _____ | |
| i. Grant requested (f. minus g. minus h.) | Total \$ _____ |

SIGNATURE _____ Date _____

NOTE: Submit in triplicate. Send to PDP Chairperson
 Upon approval: One copy will be returned to the applicant.
 One copy will be transmitted to Treasurer as basis for payment.
 Payment will be made upon subsequent submission of statement of expenses by applicant.
 (Approved advance will be paid immediately.)

FOR ACSA REGION OFFICERS:

Action by PDP Committee:	Recommend _____	Approval _____	Revise _____	Disapprove _____
PDP Chairperson				Date _____
Action by Executive Board:	Approval _____	Disapprove _____	Date _____	