Date Submitted:

## ACSA REGION XIX Activity/Project Design

Charter:	Committee/Council:	
Projected number of ACSA members	to be served:	
Name of person submitting request:		
ACSA position:		
Address:	City:	Zip:
Phone:	FAX:	
Philosophy and Guideli	ines for Approval of Activity/Proj	ject Design
	timeframes: <b>First Semester define 2016 and Second Semester define nuary 13, 2017.</b> Criteria for approximate to:  (y) June 13, 2016 (y – June) – January 13, 2017 (ontributing to the project? (ontributing to the project? (ontributing to the project)	ed as July-January will ed as February – June oval of Activity/Project
❖ Is the amount requested appropriate for Title of Activity/Project:	for the number of ACSA members particip	·
Brief description of Activity/Project		
2. ACSA goals addressed by this Acti	ivity/Project (see ACSA members' h	handbook for goals)
3. How will this Activity/Project be e	evaluated?	

Be sure to complete budget information page.

## **Region XIX Budget for Activity /Project**

	Committee/Council/ Charter Funds	Funds Contributed fro Other Sources	m	Activity/Project Funds	
Source of Funds					
Consultants/ Personnel					
Travel					
Lodging					
Meals				N/A	
Facility Rental					
Materials					
Printing					
Other					
Totals					
Committee/Council Chairs send completed Activity/Project Designs to Region VP – Committees/Councils Charter Presidents send completed Activity/.Project Designs to President-Elect Committee/Council Chairs send evaluation results to Region VP – Committees/Councils Charter Presidents send evaluation results to President- Elect					
			GION BOARD USE ONLY		
		Da	te Su	bmitted	
		Da	Date Approved		

Revised 05/2016