Date Submitted:

## ACSA REGION XIX Activity/Project Design

Charter:	arter: Committee/Council:					
Projected number of ACSA member	rs to be served:					
Name of person submitting request:_						
ACSA position:						
Address:	City:	Zip:				
Phone:	FAX:					
Philosophy and Guide	elines for Approval of Activity/Pr	oject Design				
	and Second Semester, defined as 28. Criteria for approval of Activitor to: ary) September 10 ry – June) – January 28 contributing to the project? between charters and/or committees/council	February-June, will be ty/Project Designs:				
❖ Is the amount requested appropriate Title of Activity/Project:	e for the number of ACSA members partici					
1. Brief description of Activity/Proje						
2. ACSA goals addressed by this Ac	ctivity/Project (see ACSA members'	' handbook for goals)				
3. How will this Activity/Project be	evaluated?					

Be sure to complete budget information page.

## Region XIX Budget for Activity /Project

	Committee/Council/ Charter Funds	Funds Contributed f Other Sources	rom	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					
Charter Fresherms send	evaluation results to Fresid		REGIO1	N BOARD USE ONLY	
				Date Submitted	
		1	Date Approved		

Revised 05/2022