

ED FUND PROJECT APPLICATION

EF Fund Project must be approved before funds may be withdrawn. (This form does not need to be submitted with request for funds for payment of LWVUS PMP.)

DATE:

Person making application: NAME:

ADDRESS:

PHONE:

EMAIL:

Project Chair: NAME:

PHONE:

EMAIL:

Brief description of project including expected date: Who will benefit? How to be distributed, if a publication.

SIGNATURE:

DATE APPROVED BY BOARD

##### Submit request to: Sandy Robinson, 675 Burke Pl., Auburn AL 36830

GRANT NO. \_\_\_\_\_

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

SIGNATURE:

DATE: