

**Region IV Public Information Funding Application**

Intergroup Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ WSO# \_\_\_\_\_

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Project Coordinator's name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number (\_\_\_\_) \_\_\_\_\_ email Address \_\_\_\_\_

Intergroup chairman's signature \_\_\_\_\_  
Intergroup or unaffiliated group secretary's signature \_\_\_\_\_  
Project Title \_\_\_\_\_ Estimated Costs \_\_\_\_\_  
Amount of funds requested \_\_\_\_\_

Project Summary (500 words or less). Attach if necessary.

-----FOR USE BY THE FUNDING Coordinator and Treasurer -----

Balance in Region IV Treasury \_\_\_\_\_ as of \_\_\_\_\_  
Balance of amount budgeted for funding \_\_\_\_\_ as of \_\_\_\_\_  
% of Estimated Exp. \_\_\_\_\_%

Approved  \_\_\_\_\_  
Delegate Funding Coordinator Date

Approved  \_\_\_\_\_  
Region Treasurer Date

**Send to Delegate Coordinator, address listed in IV Thought or Region IV Delegate Support Program  
PO BOX 1604, Fenton, MO 63026**