Region IV Public Information Funding Application

Intergroup Name_____ Date_____

Address_____Phone_____

City_____State_____Zip_____WSO#_____

Project Coordinator's name_____

Address_____City_____State_____Zip_____

Phone number___(_____)_____email Adddress_____

Intergroup chairman's signature_____

Intergroup or unaffiliated group secretary's signature_____

Project Title_____ Estimated Costs _____

Amount of funds requested _____

Estimated Completion date of the project: _____

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

After completion of the project a report shall be submitted to the Region IV Office Ways and Means Finance Committee describing the successes and recommendations, receipt of the expenditures and how the awarded funds were spent.

----------FOR USE BY THE FUNDING COORDINATOR AND TREASURER ----------

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Balance in Region IV Treasury _____as of_____

Balance of amount budgeted for funding _____as of_____

% of Estimated Exp. _____%

Approved ☐ _____ _____

Ways and Means Finance Committee Chair Date

Approved ☐ _____ _____

Region Treasurer Date

Send to Region IV Office Ways and Means Finance Committee PO Box 1604 Fenton, MO 63026-8604.