



AMERICAN ASSOCIATION OF UNIVERSITY WOMEN  
OF THE STATE OF NEW YORK, INC.

PROGRAM GRANTS- 2014-15

REQUEST FOR FUNDING

American Association of University Women of the State of New York, Inc. (AAUW of the State of NY, Inc.), has allocated up to \$500 per branch to support ongoing/new MISSION-BASED programming.

- 1. The funds may be used for print, supplies, space rental, hospitality, miscellaneous expenses related to the program, honorarium/fee, travel cost for speakers/guests.
- 2. The branch may request \$100 to \$500 by submitting this form to AAUW of the State of NY, Inc. for review and approval along with a detailed proposed budget (i.e. print, venue cost, fees, speaker/etc.), outline of the program and its mission, and information stating time/place for program. Please include program goals (what do you hope to achieve), and relate how this program reflects AAUW mission-based objectives.
- 3. Upon completion of the program, please submit a detailed expense report with copies of all paid receipts and include a short narrative describing the program and related accomplishments that could be considered as a suitable article for AAUW NYS FOCUS newsletter. Unused funds are to be refunded by check made payable to AAUW of the State of New York, Inc. within 30 days following the program/event date.

Please fill out this form and return it to:  
AAUW of the State of New York, Inc.  
c/o Edwina Frances Martin, President  
966K Clove Road, Staten Island, NY 10301

Questions may be directed to:  
Edwina Frances Martin, President  
718 447 9277, [edwinamartin@hotmail.com](mailto:edwinamartin@hotmail.com)

The undersigned acknowledge that this application is subject to review and approval by AAUW of the State of New York, Inc., and that a check will be issued for the requested amount only after such approval is granted. The undersigned agree to comply with the rules associated with this grant.

AMOUNT REQUESTED: \$ \_\_\_\_\_

BRANCH \_\_\_\_\_, PROGRAM \_\_\_\_\_

CONTACT NAME \_\_\_\_\_, EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_, CELL \_\_\_\_\_

Branch President: Printed Name Signature Date

Program Vice President: Printed Name Signature Date

(Attach additional sheets for the requested information)