

## AMERICAN ASSOCIATION OF UNIVERSITY WOMEN OF THE STATE OF NEW YORK, INC. DISTRICT CONFERENCE – 2014

## **REQUEST FOR FUNDING**

American Association of University Women of the State of New York has allocated up to \$500 per district for the use of the host branch in preparation of the current upcoming 2014 District Conferences.

The funds may be used for print, supplies, space rental, hospitality to AAUW State officers (accommodations, meal and cost to attend the conference), miscellaneous expenses related to the conference and honorarium/fee, travel cost and admission for speakers who will conduct presentations related to the District Conference programs. <u>FOOD COSTS ARE NOT SUBSIDIZED</u>. District members attending the Conference must pay an admission fee to cover the cost of food.

By accepting these funds, the host branch agrees to keep a record of expenditures and submit a detailed report to the AAUW New York State Treasurer indicating the use of the \$500 accompanied by paid receipts. Any unused balance (if any) must be returned in the form of a check made payable to AAUW New York State along with the written report and receipts within 30 days following the District Conference

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

The undersigned acknowledge that upon AAUW New York State's receipt of a signed acceptance from the coordinator and the branch treasurer, a check will be issued in the amount of \$500, made payable to our branch to subsidize the cost of the District Conference and we agree to comply with the rules associated with this grant.

| DISTRICT NO    | _, HOST BRANCH _                     |          |
|----------------|--------------------------------------|----------|
| CONTACT NAME   |                                      | _, EMAIL |
| PHONE          |                                      | , CELL   |
| Please Select: | WE ACCEPT THE \$500 GRANT            |          |
|                | WE DO NOT ACCEPT THE AVAILABLE FUNDS |          |
|                |                                      |          |
|                |                                      |          |

Host Branch Coordinator: Printed Name