



**THE LEAGUE
OF WOMEN VOTERS OF WASHINGTON
EDUCATION FUND**

4730 University Way NE, #720 ▪ Seattle, WA ▪ 98105 ▪ 206-622-8961 (King County) ▪ 1-800-419-2596 ▪ FAX 206-622-4908

Civic Education Outreach Grant Approval Request Form

[This form is specific for the Civic Education Outreach Fund, and is separate from the application to withdraw funds from your local League’s LWV WA Education Funds Account. To request additional funds from that account, please attach a completed “Project Approval Form”.]

Instructions: Please complete both sides of this form to apply for funding from the LWVWA/EF Civic Education Outreach Fund. Please review Guidelines and Process for these grants, which may be found at <http://www.lwvwa.org/studies.html>

NAME OF LEAGUE: _____ DATE: _____

- New Project Continued Project Change in Existing Project

Contact Person: _____

Address: _____

_____ Zip Code

Phone: _____ FAX: _____

E-mail: _____

<p><u>FOR GRANT SERVICES:</u> Date: _____ <input type="checkbox"/> Approved Project No. _____ Ed Fund Contact: _____ <input type="checkbox"/> Disapproved Reason(s): _____ _____</p>

Project Title: _____ Project No. (if existing project): _____

Project Description (include relevant dates): _____

Anticipated Completion Date: _____

Plans for execution, including how this project will meet any of the target goals for innovation listed in the guidelines: _____

Budget for Civic Education Outreach Project

Project Title: _____ Project No. (if existing project): _____

	INCOME		EXPENDITURES
Portion requested from LWVWA/EF Civic Education Outreach Fund (\$250 or \$500)	\$ _____	Printing	\$ _____
		Postage	_____
		Supplies	_____
Local League's contribution		Office overhead	_____
1. portion from local League's operating funds	\$ _____	Volunteer exp.	_____
2. portion from local League's Education Fund Account (If requested, separate application required)	\$ _____	Other: _____	_____
		_____	_____
From fees or sales	\$ _____	_____	_____
Other	\$ _____		
	TOTAL \$ _____		TOTAL \$ _____

Person who prepared this form: _____ Phone: _____

Address: _____ FAX: _____

_____ E-mail: _____

Zip Code _____

Request approved by _____, President