CHAPTER REQUEST FOR SPECIAL FUNDING

| Chapter | Fiscal Year | | |
|---|-------------------------|--|--|
| | | | |
| Submission Date (mm/dd/yyyy) | | | |
| Information from Chapter Grant Sheets | s for current year: | | |
| Net Allowable Grant for Current Year: | | | |
| Surplus Projected for Current Year: | | | |
| Deficit Projected for Current Year: | | | |
| Total cost of project: | | | |
| Amount of Special Funding being req | uested: | | |
| Reason for funding request (how does OACETT's strategic priorities?): | this investment support | | |

| Have other chapters in the region been notified of this request? | | Yes | | No | |
|---|--------|-----|-------------------|--------|--|
| Is this a Women in Technology meeting or event? | | Yes | | No | |
| Approval by your MESC Rep is required for special fun | nding. | | | | |
| Chapter Representative Signature | | | (mm/dd/yyyy) | | |
| MESC Rep Signature | | | Date (mm/dd/yyyy) | | |
| E-mail address to which direct deposit payment to be sent: OR Address to which payment is | | | e vouc | her is | |
| | | | | | |
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Return completed form to Stephanie Taaffe, at staaffe@oacett.org