

MAL/MAS UNIT PROJECT PROPOSAL (GF2)

LWV of: _____ Date: _____

Submitted by: _____
Name Title

Signature: _____

Telephone: _____ E-mail: _____

Name of project: _____

*** Purpose of project:**

Details of project: (Describe your plans for this project, including promotion. List project partners. Please be as specific as possible, and attach a separate sheet if necessary.)

*

ESTIMATED BUDGET FOR PROPOSED PROJECT

Revenue

From MAL/MAS Unit Fund (<i>Amount to be reimbursed</i>)	\$
Other Sources	\$
Total Revenue	\$

Expenses

Fees	\$
Supplies	
Printing/Copying	
Distribution/Postage	
Promotion	
Administrative or office expenses (rent, utilities, phone, etc.)	
Other Sources	\$
Total Expenses	\$

Please mail or email to LWVC, 500 Capitol Mall, Suite 2350 - #5001, Sacramento, CA 95814 *
lwvc@lwvc.org Keep a copy for your records.

DO NOT WRITE BELOW THIS LINE * FOR LWVC USE ONLY

Approved by: _____ Date: _____ Amount: _____