



CCA SPECIAL CHAPTER FUNDING

Today's Date:

Chapter Name:

Chapter President:

Submitted By:

President Email:

Submitters Email:

Chapter Fair Share: Yes No

Total Annual Chapter Income: \$

President and Submitter have read the "Chapter Funding Guidelines" and agree to the terms: Yes No

Name Of Event:

Date(s) Of Event:

Please check the Member Activity box(es) that apply:

- Nondelegate Conference Attendance (64142)
- Membership Promotion (materials) (64150)
- Membership Promotion (travel) (64151)
- Membership Promotion (events) (64152)
- Membership Promotion (publications)(64154)
- Membership Promotion (workshops) (64155)
- Local Chapter President's Reassigned Time Grants (annual one-time money) (64264)
- District Director's Program (64265)
- Innovative Proposals (64267)
- CCA Equity Week (64268)

In the spaces below,

1. Briefly describe the event, project, or reason for the request:

2. Show the calculations as to the cost of the event or project including fixed costs, per capita costs, estimated number of attendees, reassigned time backfill costs, and other reasons for the amount requested including the percentage of the total amount requested to be funded by CCA:

3. Briefly describe how this will benefit the local chapter or CCA as a whole:

4. Briefly describe the positive recognition that CCA will get as a result of this funding. Include a description of any placards, banners, name tags, etc. that will identify CCA as a source of the funding:

5. If advance funding of a portion of the amount being funded by CCA is being requested please provide justification:

Check all the criteria for funding that apply:

Membership Involvement
New Membership Recruitment
Creative or Unique Idea

Professional Development
Best Practices
Duplicate Event Within The Last Three years: Yes No

Check Payable To Chapter Name:
Campus Mailing Address:
City, State, Zip

(Please do not write below this line)

Date Treasurer Received
Budget Committee Review Date

Date Treasurer emailed Budget Committee
Budget Committee --Approved To Be Amended

Check Request: CCA Account #

Treasurer's Signature: