



SEARIC Project Funds Request Form

(To be submitted to Board members approximately four weeks prior to a request for assistance)

SEARIC Fiscal Year January 1st, 2020 - December 31st, 2020

Project Name _____

SEARIC Board Member(s) [AGENT] responsible for Project Oversight _____

Contact Information on Institution & Person with On-Site Responsibility _____

Description of Project – (includes timetable for feedback to SEARIC Board)

Benefits of Project to Community, Recipients & SEARIC

SEARIC Funds Requested \$ _____ **Estimated Total Cost of Project \$** _____

Cheque to be made Payable to: _____

Complete Mailing Address _____

Funds to be allocated for: ___ Children; ___ Student(s); ___ Family; ___ Community;
 ___ Vocational; ___ Institution; Other _____

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(To be completed at SEARIC Board Meeting)

Amount Allocated for Project \$ _____ **BOD Approval Date** _____

Funds from: ___ Operating Account; Casino Account ___ Canadian ___ Outside Canada

Date Funds Disbursed _____ **Cheque No.** _____

APPROVED:

President

Treasurer