Fort Caspar Chapter, NSDAR

PROJECT FUND REQUEST FORM

Member_____ Title_____ Submission Date_____

Contact Information	Phone: _____ Text? ☐ Yes ☐ No Email: _____

Project Overview

Project Title	
Area of Focus	☐ Historic Preservation ☐ Education ☐ Patriotism
Committee	
Scope of Project	☐ Community ☐ Chapter Other_____
Project Description and Projected Outcomes	Please attach a detailed description of the proposed project, a breakdown of funds needed, and what outcomes you hope to see.

Funding Type

Amount Requested: _____

☐ Reimbursement

☐ Up-Front Funding

☐ Other_____

Submission

Email this application form and attached project description to FortCasparChapter@WyDAR.org at least ***two weeks before*** the upcoming meeting at which you would like your project brought to the membership. The BOM will review and bring a recommendation to the membership for final discussion and vote.