

PROJECT APPROVAL REQUEST FORM

**League of Women Voters of Honolulu
Education Fund**

49 South Hotel Street, Room 314
Honolulu, Hawaii 96813
Ph. (808) 531-7448
Email: voters@lwv-hawaii.com

Instructions: Please complete both sides (pages 1 & 2) of this form to apply for funding from the EdFund. Mail the form to the above address and retain a copy for your records. Submit Withdrawal Request and Final Report forms (pages 3 & 4) when relevant.

NAME OF LEAGUE _____ DATE _____

New Project Existing Project Change Request

Contact Person: _____

FOR ED FUND:

Address: _____

Date: _____

Phone: _____ FAX: _____

Approved _____

Project No. _____

Email: _____

EdFund Contact: _____

Disapproved _____

PROJECT TITLE: _____

Project # (if existing project) _____

Project Description (include relevant dates): _____

Details of how you plan to carry out your project. If a publication, include distribution plans. _____

PROJECT BUDGET ESTIMATE

Project Title _____ Project No. _____

INCOME

Amt requested from EdFund \$ _____

Anticipated donations to EdFund
Account from:

1. _____

2. _____

3. _____

Amount from LWV's General Fund: _____

Amount from fees or sales: _____

Other funds: _____

EXPENDITURES

Printing \$ _____

Postage _____

Supplies _____

Office (20%)
of overhead _____

Volunteer
expenses _____

Other expenses:

TOTAL INCOME \$ _____

EXPENSES \$ _____

PROJECT FUND WITHDRAWAL REQUEST

Date: _____

To: LWWH Ed Fund
49 S. Hotel Street, Room 314
Honolulu, Hawaii 96813

From: LWW of _____

Re: Request to withdraw fund from:

Project Title _____
Project Number _____

Make check payable to:

Name _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Describe expenses to be covered (attach invoices or explanations):

Payment request approved by (project chair, League president)

Project Chair

Signature _____

Name _____

Title _____ **Phone** _____

LWWH Ed Fund President

Signature _____

Name _____

