



# ASTA 2009-2010 SPECIAL PROJECT GRANT APPLICATION

State \_\_\_\_\_

State President \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Chapter President/Section President Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**Project Contact Person (if different than State president)**

Name \_\_\_\_\_

ASTA Membership Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Project Name \_\_\_\_\_

Number of People to Benefit from the Project \_\_\_\_\_

Number of ASTA Members who directly Benefit from the Project \_\_\_\_\_

Project Start Date \_\_\_\_\_

Project End Date \_\_\_\_\_

Total Amount Requested from Special Project Grants \$ \_\_\_\_\_

***Please attach a copy of the State's most recent Treasurer's Report. It must show how much money is available in your State's treasury to fund new projects. The State's budget should reflect some financial commitment from the State Chapter for the proposed project.***

## PROPOSED PROJECT BUDGET OUTLINE

Estimated Expenses (*i.e., postage, phone, programs, housing, meals, etc.*)

\$ \_\_\_\_\_ for \_\_\_\_\_  
\$ \_\_\_\_\_ for \_\_\_\_\_  
\$ \_\_\_\_\_ for \_\_\_\_\_  
\$ \_\_\_\_\_ for \_\_\_\_\_  
\$ \_\_\_\_\_ Total Expenses

Estimated Income (*i.e., participant fees, other grants, sale of ads, sponsorships*)

\$ \_\_\_\_\_ for \_\_\_\_\_  
\$ \_\_\_\_\_ for \_\_\_\_\_  
\$ \_\_\_\_\_ for \_\_\_\_\_  
\$ \_\_\_\_\_ for \_\_\_\_\_  
\$ \_\_\_\_\_ Total Expenses

## DESCRIPTION OF PROPOSED SPECIAL PROJECT

*(Use additional page if necessary.)*

What do you hope to accomplish?

How will this project help carry out ASTA's goals in your state?

Describe the potential to recruit new ASTA members through this project.

Please submit an original typed application  
and six copies postmarked by June 1, 2009 to:

### ASTA SPECIAL PROJECT GRANTS

4153 Chain Bridge Road  
Fairfax, VA 22030