

IDEA Illinois District Endowment Assurance

Request for Funding

Name of person requesting funding: _____ Chapter _____
Address: Street: _____
City/State/Zip: _____ Telephone (cell): _____
Email: _____

What is this funding for?

Amount Requested: _____

Describe how this funding will be used (affix additional pages if necessary):

What other source of funding do you expect?

None _____

Other: sources and support level anticipated (ticket sales, Harmony Foundation, Chapter, etc.)

_____ I agree to submit a final budget after the event to IDEA and agree to return any unused funds.

Signature: _____ Date: _____

Send request to Bob Cearnal, 416 N. Ninth Street, Mascoutah, IL 62258 (rlcearnal@gmail.com)

Approved by Trustees on _____

Check payable to: _____ *Address:* _____