



**C5 @ CFB-5 GH5 H9 RETIREES, INC.
CHAPTER GRANT REQUEST FORM**

Complete the information on this form and attach copies of the chapter's current year's budget and last quarterly report. Return the completed form and required attachments to CGF ž5 Hb. ; fUblg'7 ca a jHY#GHZZ5 gg][bYX, 1108 O Street, ' \$\$ž Sacramento, CA 95814.

CHAPTER # _____ **DATE** _____
(list meeting date when approved by the chapter)

(Chapter President's signature) (Chapter Treasurer's signature)

AMOUNT REQUESTED \$ _____ **DATE SUBMITTED** _____

DESCRIPTION OF PROGRAM and TIMEFRAME _____

START DATE _____ **END DATE** _____

REQUEST APPROVED _____ / _____ / _____
(month) (day) (year)

REQUEST DENIED _____ / _____ / _____
(month) (day) (year)

REASON FOR DENIAL _____

***** CHAPTER PRESIDENTS *****
UPON APPROVAL - GRANT REPORTS DUE ON THE 5TH OF EACH MONTH
(CSR Governing Rules Section 14.06)