



LWVNYS EF Grant Management Service
 League of Women Voters of New York State Education Foundation
 62 Grand Street, Albany, NY 12207
 Phone: (518) 465-4162 Fax: (518) 465-0812

PROJECT APPROVAL/PMP PAYMENT WITHDRAWAL FORM

Date: _____ LWV of: _____

Name: _____ Signature: _____

Title: _____ Telephone #: _____

- Yes, I would like to use Education Fund money to satisfy up to 50% of my League's PMP obligation
- State
- National (please include a copy of the PMP statement)

AMOUNT REQUESTED
\$ _____

The check should be forwarded to:
 (Please put LWVNYS or LWVUS, in "Name" field below if this request is to satisfy State or National PMP)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

FOR LWVNYS EF USE
Date: _____
<input type="checkbox"/> Approved _____ (authorized signature)
<input type="checkbox"/> Denied:
Reason(s) _____

PROJECT INFORMATION	
(Please describe project below or attach project budget/description to this form)	
PROJECT TITLE: _____	
<input type="checkbox"/> New Project <input type="checkbox"/> Continuation Of Existing Project <input type="checkbox"/> Change in Existing Project	
PROJECT BUDGET	
Estimated Income:	
Ed Fund Grant Requested \$	_____
Local League Funds	\$ _____
Total Other Income	\$ _____
PROJECT TOTAL	\$ _____
Estimated Expenses: (List items to be funded by this grant)	
a.	_____ \$ _____
b.	_____ \$ _____
c.	_____ \$ _____
d.	_____ \$ _____
(Be sure total matches the Requested Withdrawal Amount above) TOTAL \$ _____	

Project Title & Description (Include relevant dates):

Details of how you plan to carry out your project. Include distribution and visibility plans.