

SEATTLE CHAPTER AGO
Application for SPAC funding (SPECIAL PROJECTS ADVISORY COMMITTEE)

Name of Applicant or Sponsoring Organization

\$ _____
Amount Requested

Date(s) funds to be used

Date funds needed

Place funds to be used

Name of Contact Person

Address

City

State

Zip Code

(_____) _____
Telephone

E-mail or website

Purpose of request/project *(This is a simple statement of purpose – not a complete description of project/request.)*

Signature (Representative)

Date

The committee meets quarterly.

Applications must be received prior to January 15, April 15, July 15, or October 15.

These forms must be downloaded, printed out, signed and mailed to:

Marion Anderson, SPAC Chair 965 W. Nickerson St. #32 Seattle WA 98119