

CEF Local League Projects

LWVNC, 3509 Haworth Drive, Suite 404, Raleigh, NC 27609

Phone and fax: (919) 783-5995

Project Request

(CEF Form #01)

Date: _____

Project Title _____

From the LWV of _____

President's signature _____

Contact person: _____

Address: _____ Phone: (H) (_____) _____

_____ (W) (_____) _____

(F) (_____) _____

DESCRIPTION OF PROJECT

Purpose:

Project Plans: Details of how you plan to carry out project.

The Citizen Education Foundation must be credited on all publications.

Proposed Project Budget

INCOME: From CEF \$ _____ **EXPENSES:** \$ _____

Local League funds \$ _____ \$ _____

TOTAL \$ _____ \$ _____

\$ _____

\$ _____

TOTAL \$ _____

Send 1 copy of Proposal to CEF office. Please keep a copy for your records.

CEF Use Only

Date Received: _____

Date approved: _____

Approved by: _____