



OMEGA FUNDING REQUEST FORM 25-2

Chapter Name(s): \_\_\_\_\_

Chapter Number: \_\_\_\_\_  Graduate  Undergraduate  Combined

Address: \_\_\_\_\_

Email Address \_\_\_\_\_

Purpose for request (including name of activity): \_\_\_\_\_

Number of Tags Purchased by Brothers in the Chapter during last year or to date this year \_\_\_\_\_

Committee Chair: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Please provide the following Funding Request Information:

1. Amount requested: \_\_\_\_\_

2. Proposed project budget \_\_\_\_\_

3. Describe with specificity the purpose for which funds will be used (such as Talent Hunt, Scholarship, Diabetes walk, Assault on Illiteracy, Manhood program, etc.) and the criteria for awarding the funds:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Description of how the recipient of the funds will benefit from the services/program:

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**INSTRUCTIONS**

Maintain receipts as verification of expenditure of funds as described must be provided upon request.

I hereby state that all information provided in this Request for Funds is true, complete and accurate.

Chapter Basileus: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Chapter KRS: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Chapter KF: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**APPLICANT: DO NOT WRITE BELOW THIS LINE**

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**FOUNDATION APPROVAL SECTION**

APPROVED \_\_\_\_\_ DATE

DENIED \_\_\_\_\_ DATE

Foundation Director: \_\_\_\_\_

Date: \_\_\_\_\_

Foundation Director's Signature: \_\_\_\_\_

Foundation Secretary or Treasurer: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_