

ACRTM CH★PTER

This form is provided to aid completion of the Chapter Grant application. All fields must be entered and submitted on the [electronic application](#).

Chapter Name *

Grant Coordinator (Must be a member of ACR or Chapter Staff) *

Title First Last Suffix

Email *

Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Phone Number *

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Grant Title *

Overview

Provide an overview of the need and plan for the grant. Include how the project supports the Principles of Alliance. *

Objective/Goal

Describe the objective or goal for the grant. *

Budget

Provide a detailed budget for the expenses to be covered by the grant. For your convenience, a spreadsheet may be uploaded below. *

Upload Budget Document (if information not entered above).

No file chosen

Schedule

Provide a schedule for the use of the grant funds. *

Evaluation

Describe the metrics used to measure success of the project funded by the grant. *

The Chapter agrees to:

All items must be checked. *

- be responsible for any insurance needed to complete the project funded by the grant
- indemnify the ACR
- comply with all federal, state, and local laws
- be interviewed by ACR
- spend all funds distributed via the grant

Approval of Proposal

Chapter President or Executive Director *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Title First Last Suffix

Email

Chapter President or Executive Director *

<input type="text"/>
