



CSEA RETIREES, INC.

CHAPTER GRANT REQUEST FORM

Complete the information on this form and attach copies of the chapter's current year's budget and last quarterly report. Return the completed form and required attachments to CSEA Retirees, Inc., Corporate Office, 1108 O Street, Sacramento, CA 95814.

CHAPTER # _____ **DATE** _____
(list meeting date when approved by the chapter)

(Chapter President's signature) (Chapter Treasurer's signature)

AMOUNT REQUESTED \$ _____ **DATE SUBMITTED** _____

DESCRIPTION OF PROGRAM and TIMEFRAME _____

START DATE _____ **END DATE** _____

REQUEST APPROVED _____ / _____ / _____
(month) (day) (year)

REQUEST DENIED _____ / _____ / _____
(month) (day) (year)

REASON FOR DENIAL _____

