



**Chapter/Professional Practice Group (PPG)
Initial grant request form**

Chapter/ PPG Name _____

Name of PPG/Chapter President, secretary, treasurer or designate applying for grant _____

Address _____

Phone _____ Fax _____ PC _____

Email address _____

A constitution for the group has been submitted to the SRNA Yes _____ No _____

Are you receiving other financial assistance? Yes _____ No _____ Amount _____

Do you charge membership fees for members? Yes _____ No _____ Amount _____

Our group agrees to provide a report/pictures that could be used in the SRNA Newsbulletin Yes _____

Our group agrees to allow the SRNA to publish the name of a contact for the PPG Yes _____

Name, email and phone of contact person for publication in SRNA Newsbulletin, newsletters or website: _____

Date _____ Signature of applicant _____

(Maximum support grant available \$250.00)

FOR SRNA USE ONLY

Assistance Granted Yes _____ No _____ Amount _____

Compliance with Council Policy 2.17 _____

Date _____ Signature _____