

MISSOURI NEA PUBLIC RELATIONS GRANT PROGRAM REQUEST FOR FUNDS

Title of project _____

Project coordinator _____

Amount of funding requested at this time* _____

Make check out to _____

Send check to (include address) _____

Signature of project coordinator _____

Date of request _____

(Please check one of the following)

First request (for 50%)

Final request

*(Final request must be accompanied by a report
and received by MNEA by Aug. 15)*

* Up to 50 percent of the approved funding may be received in advance of, or during, the project. The remaining 50 percent of the project funding will be transmitted when Missouri NEA receives a final project report. Final reports and requests for funds **must be received by MNEA by August 15.**

Send funding requests to Laurie Bernskoetter, Missouri NEA, 1810 East Elm Street, Jefferson City, MO 65101-4174

For office use only

Total amount approved for project \$ _____

Amount of this request \$ _____

Amount transmitted to date \$ _____

Approved by _____

Date _____