

WITHDRAWAL REQUEST

State and Local Grant Services

League of Women Voters
 1730 M St., NW Suite 1000 Phone: (202) 429-1965
 Washington, DC 20036 Fax: (202) 429-0854

Date: _____ New Project Continuation Of Existing Project Change in Existing Project

LWV of: Los Alamos

League File # N M 5 0 1

\$

Requested Withdrawal Amount

The check should be forwarded to: (Please Print or Type)

Name Rosmarie Frederickson
 Address P.O. Box 158
 City Los Alamos State NM Zip 87544
 Phone: _____
 Email: _____
 Signature: _____
 Title: Treasurer, LWV of Los Alamos

FOR GRANT SERVICES

Date: ___ / ___ / ___

Approved
 Acct. Code No. _____
 New Project No. _____
 New Project Code: _____ -- _____

Denied:
 Reason(s) _____

PROJECT TITLE: _____ (Please describe project below: Include relevant dates.)		PROJECT NUMBER _____ (If Existing Project)	
PROJECT BUDGET			
Income:		Expenses: (List items to be funded by this grant below)	
Ed Fund Grant Requested	\$ _____	a. _____	\$ _____
Local League Funds	\$ _____	b. _____	\$ _____
PROJECT TOTAL	\$ _____	c. _____	\$ _____
		d. _____	\$ _____
		(Be sure total matches the Requested Withdrawal Amount above) TOTAL \$ _____	

Project Title & Description (Include relevant dates):

Details of how you plan to carry out your project. Include distribution and visibility plans.