Date Request Submitted: ________________________________

Program or Committee: ____________________________________________

Signature of Program or Committee Chair: ____________________________

Request should contain the following information:

1. Needs Assessment: ______________________________________________

2. Target Population (Regional, National or International): ______________

3. Project Goal: ___________________________________________________

4. Objectives, Strategies and Activities (please attach further information): ____________________________

5. Total Amount requested: __________________________________________

6. Date Needed: _______________________________________________________________________

7. Yearly Budget Information for Existing Program or Committee: ________________________________

8. Year to Date Expenditures for Existing Program or Committee: ________________________________

For Office Use ONLY

Date Request Received in ACPSF Office: ________________________________

Date Request Reviewed by ACPSF Committee: ____________________________
Amount Disbursed: _______________________________________

Date Disbursed: __________________________________________

SIGNED: ACPS Treasurer: __________________________________________________________________________

Revision History

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<tr>
<th>Date</th>
<th>Changes</th>
<th>Author</th>
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<tbody>
<tr>
<td>3/2008</td>
<td>Update address</td>
<td>Susan McConnell</td>
</tr>
</tbody>
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