

Chapter Activity Grant Program

Purpose: This program is intended to strengthen the Chapters' role in accomplishing the mission of the APS. It is designed to intensify a chapter's activities in the areas of local outreach, communication and networking, collaboration and expansion, and public affairs. Beginning in 2012, the Council has allocated \$6,000 for the program with the expectation that the maximum request would be \$2000. Funds for the program have been committed for a conditional three year period. If your APS chapter is interested in soliciting funds from the Chapter Activity Grant Program, please complete the following application.

Procedure: A Letter of Intent to submit an application for the Chapter Activity Grant Program **must be** submitted by **January 15**. The deadline for Chapter Activity Grant Program Application is **February 28/29**. All applications for a given year will be reviewed by a committee of Chapter Advisory Committee (CAC) members appointed by the CAC Chair. Decisions will be announced approximately 2 weeks after the annual APS Experimental Biology Meeting.

Chapter Activity Grant Program Application

Please note: As a condition of funding, a detailed report on the success and use of approved funds is expected either in your Chapter's Annual Report or under separate cover within 60 days from the date funds have been expended. Completion of the following form does not guarantee funding. All requests will be subject to the review process determined by the APS Chapter Advisory Committee.

Chapter Name :

Date :

Chapter President Name:

Chapter Pres. Institution:

Total Funds Requested:

(Amount not to exceed \$2000)

\$

Chapter Contact Name and Address to which correspondence should be directed:

Full Name:

Address:

Phone:

Email:

Purpose of Funds:

Please explain the background and need of the requested funds.

Proposal:

Explain how the Chapter will use the requested funds. Please be specific.

Use:

What will the use of funds accomplish? What goals will the requested funds help your chapter meet?

Cost:

What is the cost of the proposed program? Please give specifics.

Other:

Please include any other information that you would like considered in the box below.

REQUIRED INFORMATION:

Address and Contact (Person or Institution) where the fund check should be mailed if request is approved.

Pay to the Order of (*full name*): _____

Full Address: _____

Contact Phone: _____

(If different from above) _____

Contact Email: _____

(If different from above) _____

Make sure all portions of the application have been completed. Incomplete applications may not be considered for review. Please submit completed forms to cohnmacht@the-aps.org or via fax to 301-634-7264. Thank you!

For questions re: the application form please contact:

Harald Stauss, Chapter Advisory Committee Chair - harald-stauss@uiowa.edu or

Catherine Ohnmacht, APS Section Administrator – cohnmacht@the-aps.org , Tel: 301-634-7976

For internal use:

To be completed by APS staff.

Request of Funds (date): _____

Fund Approval/Disapproval (date): _____ *Approved? (Y/N)* _____

Proposed Event/Use of Funds (date): _____

Rec'd. Report on Use of Funds (date): _____