



GRANT APPLICATION FORM FOR OPEN SEASON HEALTH FAIR

Purpose and use: Please complete and return this Grant Application Form to apply for a grant of up to \$300 to be used toward expenses related to an Open Season Health Fair sponsored by a **NARFE NY Chapter**. The Open Season Health Fair must include a recruitment of new members component. Completion of the application is not a guarantee of award. *Please print clearly.*

Chapter Name:	Contact Person:
Phone # of Contact Person:	Email Address of Contact Person:
Date of Open Season Health Fair:	Location of Open Season Health Fair:
Estimated expenses of Open Season Health Fair:	Anticipated number of participants:
Please provide an overview of the Open Season Health Fair (what plan representatives will be invited, anticipated number of participants, publicity and outreach efforts, how funds will be spent):	

I hereby certify that I am a member of NARFE, and that the above statements are true and correct.

Your signature: _____ **Date:** _____

Please submit to the NARFE NY Federation President: Peggy Germano
1124 7th Ave
Watervliet, NY 12189-3214

For use by NARFE NY Federation	
Amount approved:	
Signature of Approving Officer:	
Signature/Initials of Treasurer:	
Budget Line Item:	
Check # Issued:	Date:
Check Amount:	