

Submitted to Treasurer for payment:	1
Copy sent to Coordinator:	
Copy sent to Assigned Board Member:	

PROPOSAL (Check One)

Project (Hands-On with or without Check)	Grant ☐ (Check Only)
Name of Project/Grant: (10set of Hope - Heidenheimer, Recipient/Name of Organization (Beneficiary): Closet of Hope Payee for check, if different than recipient: N/A Project/Grant Description: Closet of Hope provides free, quality to anyone in need (nomeless, renabilitation payetc.). Individuals are allowed to select 5 items from store. Closet of Hope is in dire need of under wear of for men, women, and children - the requested mon Dollars Requested: \$\frac{1}{2}\$SO.00 Estimated Man Hours Required: 2 Proposed Project Date/Grant Presentation Date: \(\frac{08/10/21}{2} \) Deadlines, if any: Has Altrusa, Inc. of Temple participated in this project and/or provided dollars previous	ty clothing tients, am the and socks ey will be used to purchase these items
If Yes, When: N/A Funding \$: N/A	
Proposed Project/Grant Coordinator: Tommi Fettig Co-Coordinator: Kennedi Fettig Submitted By: Tommi Fettig Date: 07/06/	2021
Board Recommendation: Date: Date Approved: Appr	ented to Club :
Total number of Members participating Have all receipts been turned in to Treasurer	

SUBMIT