



Submitted to Treasurer for payment: _____
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: Veteran Care Giver Retreat

Recipient/Name of Organization (Beneficiary): Veteran Caregivers

Payee for check, if different than recipient: _____

Project/Grant Description: 10-1:30 x 2 an event to pamper
Care givers - time for you! A "horse" experience,
a walk on the Grace Trail, lunch, & a take
home craft. Limit 10 per each event

Dollars Requested: \$100 x 2 Estimated Man Hours Required: 6-10 hrs

Proposed Project Date/Grant Presentation Date: 4/28/22 + 5/5/22 Deadlines, if any: _____

Has Altrusa, Inc. of Temple participated in this project and/or provided dollars previously? No

If Yes, When: _____ Funding \$: _____

Proposed Project/Grant Coordinator: Lynda Schumann

Co-Coordinator: Trish Alger

Submitted By: Lynda Schumann Date: 3/21/22

Board Recommendation:

Presented to Club

Date: _____

Date: _____

Approved: _____

Approved: _____

Assigned Board Member: _____

Declined: _____

If approved by Club: Committee Members should be turned in to Board Member Designated above

Total Hours of members participating _____

Total number of Members participating _____

Have all receipts been turned in to Treasurer _____

SUBMIT

