SWE–Region H Section Vitality Grant (SVG) Application

Fill out this form and return it to the region treasurer regionH.treasurer@swe.org by the deadline stated in the policy (August 31 for professional sections, September 30 for collegiate sections, or January 31).

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| --- | --- | --- | --- | --- |
| SWE Section | |  | | |
| $ Amt Seeking | |  | Date applied |  |
| Contact Person’s Information | | | | |
| Name |  | | Member # |  |
| 🖃 Address |  | | | |
| Phone # |  | | | |
| Email |  | | | |

Does your section have at least 10 paid members?  Yes  No

Were your previous reports submitted on time?  Yes  No

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| What area of improvement have you identified during the final section report and/or vitality assessment process? |
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| What are you proposing to do with the funds? |
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| How will this activity help with your area of improvement? |
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| Please attach or paste a budget and timeline/schedule for this program: |

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| --- | --- | --- | --- |
| *THIS SECTION FOR REGION TREASURER USE ONLY* | | | |
| *Amount awarded:* |  | *Date notified* |  |
| *Comments / Stipulations* |  | | |

FINAL REPORT

(to be added by the section after program is complete)

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| Summary paragraph, describe the impact of the program: |
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| Summary final budget, where were the funds spent: |
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| Funds remaining, if any, to be returned to the region: |
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