

# Application Form for REAM Unit Project Funds

This application must be postmarked by the first week in **June** and sent to:

MS KARNA BREWER, REAM SEC.  
431 FREMONT STREET  
ANOKA, MN 55303-2139

1. REAM Local Unit name \_\_\_\_\_
2. Purpose for the money \_\_\_\_\_  
\_\_\_\_\_
3. Approximate cost of the project \_\_\_\_\_
4. Description of the project \_\_\_\_\_  
(Additional comments may be continued on the back)  
\_\_\_\_\_
5. Location of the project \_\_\_\_\_  
(Additional comments may be continued on the back)  
\_\_\_\_\_
6. How many unit members will work on the project? \_\_\_\_\_
7. Are there any other groups involved? \_\_\_\_\_ If so, who are they and what are they contributing?  
\_\_\_\_\_  
\_\_\_\_\_
8. Are you raising funds in any other way? \_\_\_\_\_ If so, explain \_\_\_\_\_  
\_\_\_\_\_
9. How much money are you requesting? \_\_\_\_\_
10. Project coordinator: Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_