

REQUEST FOR FUNDS FROM OST SISTERHOOD

Please complete this request form and submit it in a sealed envelope to the Sisterhood mailbox in the OST office. If needed, please contact Sisterhood President Gail W. Bachman for further assistance at sisterhood@ohefsholom.org.

Title of Request: _____

Requesting committee or personnel: _____

Submitted by: _____ **Title:** _____

Is this request new, or have you received funds from Sisterhood for this project/activity previously? New Re-occurrence **Amount Requested:** \$ _____

Briefly describe what the money is to be used for (attach separate sheets if necessary).

If the entire project costs more than what is being asked of Sisterhood, what is the **TOTAL COST** of this project/activity? \$ _____
(Attach an itemized breakdown of the costs included in the total.)

Have you received estimates from vendors? If so, **please attach** a copy of each.

What other funding sources within or outside of OST do you have or have you requested? Please list below.

Source	Amount	Confirmed?
	\$	
	\$	
	\$	

How will this project/activity be staffed? (Volunteers? OST Staff?) If OST staff is to be involved, have they and their supervisors been contacted and approval given for their support? _____

What are the expected start and finish dates for this project/activity? _____

Signature Date

FOR SISTERHOOD TO COMPLETE:
Date Received: _____ Date Approved _____ Amount Approved _____
Date Declined _____