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**JAG Kentucky**

**Proposal for CA Funding**

**Proposal Process**

1. Complete this proposal with the help of your CA officers and send to your Regional Leader. *Include supporting documentation, such as a CA business plan.*
2. You will be notified within one week if your proposal has been approved.
3. Once proposal has been approved, Regional Leader will sign and submit for payment to the Director of Finance & Administration.

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| --- | --- | --- | --- | --- |
| **PROPOSAL** | | | | |
| **Proposal Date:** |  | | **Amount:** |  |
| **Program Name:** |  | | **Specialist Name:** |  |
| **Describe how much CA Funds you have already received from JAG KY this academic year (if any) and how your CA has invested it:** | | | | |
|  | | | | |
| **Describe any other identified sources of revenue for your CA (account balance from previous year, donors, fundraisers, etc.):** | | | | |
|  | | | | |
| **Describe how this funding will support your Career Association:** | | | | |
|  | | | | |
| **PAYMENT INFORMATION** | | | | |
| **Make Check Payable to** *(school/CA account name):* | |  | | |
| **Account Address** *(include city, state, zip)***:** | |  | | |
| **Account Phone Number:** | |  | | |
| **Memo** *(to be included on check):* | |  | | |
| **Deliver to:** | |  | | |
| **Delivery Address** *(include city, state, zip)***:** | |  | | |

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| --- | --- | --- | --- |
| **APPROVAL**  **For Administrative Use Only** | | | |
| **Amount:** |  | | |
| **Regional Ldr**  **Signature:** |  | **Date:** |  |
| **Finance Signature:** |  | **Date:** |  |