

## NATIONAL ALUMNI ASSOCIATION BUDGET COMMITTEE

## ANNUAL NAA OPERATING BUDGET REQUEST FISCAL YEAR 2015-2016

## INSTRUCTIONS

This ANNUAL NAA OPERATING BUDGET REQUEST form must be completed and submitted in person or by mail to the FNAA Budget Committee, PO Box 7351 Tallahassee, FL 32314; via facsimile to (850) 561-3861, or via e-mail to Recsecretary@famunaa.org no later than the deadline date given for receiving budget requests.

GENERAL INFORMATION				
NAME OF REQUESTING COMMITTEE / ORGANIZA	·			
Street Address or P.O. Box	City	State	Zip Code	Area Code & Office Telephone
ORGANIZATION TYPE GOVERNME OTHER; SPECIFY: *NOTE: If public/non-profit or private/non-p	<b>—</b>	PRIVATE/NON-PR		
BUDGET REQUEST INFORMATION				
	T FOR CONTINUED FUNDING AL OPERATIONS DEBT SER T more than one of the above, plea			each of the above categories
TOTAL COUNTY FUNDS REQUESTED	FOR COMING FISCAL YEAR:			\$
TOTAL COUNTY FUNDS APPROPRIAT	ED AS OF JULY 1 OF CURREN	Γ FISCAL YEAR:		\$
TOTAL DOLLAR INCREASE OR DECREASE	E IN FUNDS REQUESTED - CURREI	NT FISCAL YEAR TO COM	ING FISCAL YEAR:	\$
TOTAL PERCENT INCREASE OR DECREAS	SE IN FUNDS REQUESTED - CURRE	ENT FISCAL YEAR TO CO	MING FISCAL YEAR	:%
PROPOSED USE OF REQUESTED FUNI	os .			
ORGANIZATIONS <u>MUST</u> PROVIDE WR INFORMATION ON PAGES 2 THROUGH WRITTEN INFORMATION ON SINGLE-SI	ITTEN EXPLANATION AND JUST 16 OF THIS FORM. YOU MAY	NCLUDE MAPS, DRAV	VINGS, PHOTOGR	
AUTHORIZATION				
THIS BUDGET REQUEST HAS BEEN PR	EPARED AND SUBMITTED BY	THE FOLLOWING AUTI	HORIZED ORGANI	ZATION REPRESENTATIVE:
Printed Name and Title of Committee / Org	ganization Representative		D <i>i</i>	ATE:
FOR BUDGET COMMITTEE USE ONLY:				
DATE OF RECEIPT:				
BUDGETARY DEPT. #	LINE-ITEM#	_		07-06

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NAME OF REQUESTING COMMITTEE / ORGANIZATION: \_\_\_\_\_