



Region 5
PO Box 199223
Indianapolis, Indiana 46219

REGION 5 FUNDING ASSISTANCE GUIDELINES

1. Intergroups that have an overall average balance of less than \$1000.00 for the 3 months immediately preceding an Assembly may apply for funding assistance.
2. Funding may be limited to:
 - a. Three (3) scholarships per Assembly.
 - b. No more than twice a year per Intergroup.
3. Maximum amount awarded to an Intergroup is \$300.00 per Assembly. Funding may include transportation and lodging costs:
 - a. Mileage using current US IRS rate and tolls, or air fare.
 - b. Lodging cost 1/2 of double room for two nights.
4. Make check payable to Intergroup applying for assistance.
5. Advance funding may be disbursed, if requested at least 30 days before the Assembly. Receipts and unused funds **must** be returned to the Region 5 Treasurer within two (2) weeks following the Assembly.
6. Applications must be signed by two Intergroup officers and be accompanied by the Treasurer's reports for the 3 months immediately preceding the application for funding.
7. To apply for funding assistance, complete the attached application and **mail it** to the Region 5 Treasurer, 30 days prior to the Assembly.
8. Exceptions requested that fall outside of these parameters will be presented to the Region 5 Board for consideration.

PLEASE COMPLETE THE FOLLOWING FORM AND MAIL TO:

REGION 5 TREASURER, P. O. Box 199223, Indianapolis, IN 46219

IG Name: _____ IG Number: _____

Has your Intergroup ever sent a representative to a Region 5 Assembly? _____

If yes, give date of last Assembly attended: _____

Assembly for which this funding is requested:

Location: _____ Date: _____

REGION 5 REPRESENTATIVE / INTERGROUP OFFICER

NAME: _____

ADDRESS: _____

PHONE: (_____) _____ (_____) _____

To assist the committee in determining the amount of funding assistance needed, please complete the following:

Hotel room expenses, tax and tips included\$ _____

Transportation: Automobile round trip (current IRS rate).....\$ _____

Round trip air fare.....\$ _____

Subtotal\$ _____

Minus amount your Intergroup will contribute.....\$ _____

Total funds requested.....\$ _____

Application must be signed by two Intergroup officers and be accompanied by three (3) most recent months' treasurer's reports.

Signature of Officer *Office Held* *Date*

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