



Region 5  
PO Box 1087  
Lombard, IL 60148-2375  
USA

## 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 once a year per Intergroup.
  - c. No more than two assemblies per intergroup will be funded within five (5) years.
3. Maximum amount awarded to an Intergroup is \$300.00 for the first Assembly request and \$150 for the second Assembly request. 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, PO Box 1087, Lombard, IL 60148-2375**

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*

\_\_\_\_\_  
*Signature of Officer*                      *Office Held*                      *Date*