

**California Alpha Delta Kappa  
California State Altruistic Project  
Nomination Form**

---

Nominating chapter: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Chapter President's name: \_\_\_\_\_

Chapter President's e-mail: \_\_\_\_\_

**Describe your proposed project including answers to the following questions:**

1. Where can we find out more information about this project?
2. What is this organization's California EIN number?
3. What organization or individuals are the key sponsors of this project?
4. Does this project support a local population or a statewide population? Does it have potential to grow and serve a greater population?
5. What would be the project's expectations from California Alpha Delta Kappa's funding support?
6. Describe how this project supports education or a charitable effort in California.
7. What population does this project serve?
8. If this project is currently funded, provide details.
9. How will project sponsors provide feedback on the use of the contributions?

**Attach this cover sheet to your summary.**

**When submitting your nomination, attach any available brochures or pamphlets that might assist the committee in learning about the project you are nominating.**

**Make a copy of your completed nomination form and retain for your records.**

**Return this form no later than November 1 of odd-numbered year.**

**The application form and summary may be submitted via e-mail or by USPS to the current State Altruistic Project Chairman as listed on the CA website.**