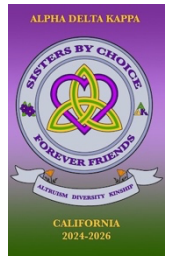


California Alpha Delta Kappa State Altruistic Project Nomination Form



Title of Project: _____

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? Website?
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. Are financials available including percent of funds spent on programs that directly impact the population versus funds spent on salaries/overhead?
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: www.adkcalif.org

2024-2026

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