

**SOCIETY FOR RANGE MANAGEMENT
CAL-PAC SECTION
FISCAL RESOURCE REQUEST FORM**

Request Date: _____
Project Name: _____
Project Location: _____
Submitted By: _____
Address: _____ City/State/Zip _____
Primary Phone #: _____ Cell Phone #: _____
Proposed Start Date: _____ Projected End Date: _____

Proposal Type or Categorization: (Please check one)

- Improve visibility of the section
- Offer opportunities for student involvement
- Assist with professional development of range professionals
- Provide support for membership recruitment
- Other

Total cost of Project: \$ _____

Matching Funds, if applicable \$ _____

PROJECT PURPOSE/OBJECTIVE _____

PROJECT DESCRIPTION _____

HOW WILL THE PROJECT ENHANCE THE CAL-PAC SECTION _____

HOW WILL THE FUNDS BE USED _____

- BOARD REVIEW
 - APPROVED
 - DISAPPROVED

SECRETARY DATE

PRESIDENT DATE

TREASURER DATE

*Total financial award from CAL-PAC Section not to exceed \$500/application.
Complete form and email to Shelia Barry: sbarry@ucdavis.edu