

MONETARY ASSISTANCE PROGRAM (MAP)				A. OFFICIAL USE ONLY	
SECTION A – REQUESTOR INFORMATION					
1a. Chapter Name		1b. Regional Council Name		2. Request Status (Mark “X” One)	
				Initial or Resubmission	Correction or Cancellation
3. Requestor Address (Number, Street, City, State, Zip Code)			4a. Chapter or Regional Council President		
			4b. Chapter or Regional Council President Telephone Number (Area Code and Number)		
5. Chapter or Regional Council President Email Address					
6a. Requestor Contact Person			6b. Requestor Telephone Number (Area Code and Number)		
7. Title of Project					
SECTION B – TYPE ASSISTANCE					
8a. Non-Refundable Assistance <i>(Specify amount, cannot exceed \$1500.00)</i>			8b. Refundable Assistance <i>(Specify amount, cannot exceed \$3000.00) – must be repaid with 24 months:</i>		
8c. Combination Assistance <i>(Specify amount per type, cannot exceed \$4500.00) – criteria at 6a and 6b apply.</i>			8d. When and How refundable assistance will be repaid?		
Type		Amount		8e. Date by Which Funds will be Needed.	
Non-Refundable Assistance					
Refundable Assistance					
Total					
SECTION C – PROJECT/ACTIVITY INFORMATION					
9. Objective(s) of the BIG Project – <i>(continue on blank sheet if necessary)</i>					
10. How will BIG Project benefit BIG Members?					
11. Manner of Participation by BIG Members					
12. Brief Description of BIG Project Implementation – <i>(continue on blank sheet if necessary)</i>					
13. How Does BIG Project Improve the Image of BIG?					
SECTION D – SIGNATURES <i>(Three Required of requesting entity)</i>					
NAME (Print or Type)		SIGNATURE		TITLE	
NAME (Print or Type)		SIGNATURE		TITLE	
NAME (Print or Type)		SIGNATURE		TITLE	
REGIONAL DIRECTOR SIGNATURE - Mandatory					
NAME (Print or Type)		SIGNATURE		DATE	