

**NAD EMERGING IMMIGRANT SPECIAL ASSISTANCE FUND  
(NADEIF)  
FUNDING APPLICATION**

Conference/Union Making the Request: \_\_\_\_\_

Name of the Project: \_\_\_\_\_

Project Director: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Below is a brief summary:

- Description of the Project
- The Need it is Meeting
- It's Goals
- The Length of the Project

**DESCRIPTION OF THE PROJECT**

**THE NEED IT IS MEETING**

**IT'S GOALS**

**THE LENGTH OF THE PROJECT**

**PROJECT'S PROPOSED BUDGET**

**AMOUNT REQUESTED**

\_\_\_\_\_

**Support:**

- Local Conference Financial Participation
- Union Conference Financial Participation
- Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Support**

\_\_\_\_\_

**Expenses:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Expenses**

\_\_\_\_\_

Signature of Conference President \_\_\_\_\_

Signature of Conference Treasurer \_\_\_\_\_

Signature of NAD Multi-Ethnic Coordinator \_\_\_\_\_