

Cultural Preservation and Sharing Program



Slovenian
Union of America

➡ Please type or write legibly. Attach additional sheets, including title of proposed initiative, if more space is required.

Last Name of Initiative Proposer		First Name		Middle Initial
Street Address		City & State		Zip Code
Home Telephone No.	Cell Phone No.	Email Address		
Title of Proposed Initiative			SUA Branch and Location	
Category of Initiative <input type="checkbox"/> Culture-Related Meeting <input type="checkbox"/> Food Preparation <input type="checkbox"/> Craft Demonstration <input type="checkbox"/> Musical Demonstration or Performance <input type="checkbox"/> Other (Specify)				
Length of Proposed Sharable Result in Minutes		Location and Date at Which Initiative Would Take Place		
Medium of Sharable Result <input type="checkbox"/> DVD <input type="checkbox"/> Sound Recording <input type="checkbox"/> PowerPoint Presentation <input type="checkbox"/> Other (Specify)				
Nature of Assistance Requested from SUA (Check all that apply) <input type="checkbox"/> Financial <input type="checkbox"/> Technical <input type="checkbox"/> Other (Specify)				
If Financial, the Amount		For What Would the Assistance Be Used?		
By What Date Would Assistance Be Required?		Who Would Be the Recipient and Is the Recipient a SUA Member?		
Details of Initiative and Other Comments 				
Signature of Initiator's Branch President		Date	Branch President's Recommendation <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval *	
* If Disapproval, Explain				