



Legislative Action Support Fund Application for Funds

Chapter Name _____

Chapter Contact and Phone Number _____

Amount Requested _____

- I. Purpose:** (Please provide, in summary, the purpose for which the LASF will be used. You may supplement your request by attaching reference materials.)
- II. Member Impact:** (If this request is not a NAIOP National request, please indicate the number of NAIOP members who will be impacted by the proposed action. For example, “All members in Chicago metropolitan area,” or “All members in the State of Florida.”)

Number of Members Impacted: _____

- III. NAIOP Member Interests Impacted:** (Please indicate the specific real estate interests that will be impacted)

IV. Precedent

Has this issue been legislated or regulated elsewhere?

Yes No

If yes, where and what was the result?

V. Matching Funds: (Please indicate the amount and source of funds you are dedicating to this issue)

Amount of Matching Funds _____

Source of Funds _____

VI. Accountability: (Please provide information on the individual who will manage this request and verify all relevant payment requests.)

Name _____

Address _____

City _____ State _____

Phone _____ Fax _____

E-mail _____

How will the applicant track costs, keep the LASF Board informed of updates and provide financial statements?

VII. Duration of Funding: (Timeframe for resolution of the issue.)

VIII. Outlook

A. Please indicate the likelihood of success of planned action and the reasons for making such an assessment:

___ Poor ___ Fair ___ Good ___ Excellent

Reasons:

B. Please indicate the likelihood of success WITHOUT LASF and the reasons for such an assessment:

Poor Fair Good Excellent

Reasons:

IX. Work Plan

A. Please include a copy of your work plan, listing actions that the applicant has already taken towards achievement of the above stated goal:

B. Do you have a Government Affairs Board or similar entity to assist in pursuing this claim?

Yes No

X. Work Product

Will use of LASF result in a work product that may be used by other NAIOP members and/or associations?

Yes No

If yes, what will the product be?

Signatures;

Please Print Name and Title

Please Print Name and Title

Signature

Date

Signature

Date