



## 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:

