

**LUPUS AWARENESS MONTH
2006**

PROJECT DESCRIPTION

Must include:

1. A narrative description of the activity(ies) you plan to do.
 2. The specific method(s) in which the activity will be publicized.
 3. Resumes of presenters (if known).
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Agency Name _____ GRANT I.D. NUMBER: SLE 06/07 - _____

PROPOSED ACTIVITIES
Lupus Awareness Month
SFY 07

Please note that the information listed on this page will be the information used to print the statewide calendar of events. All dates, times and locations will be verified prior to printing, but please be specific with the information provided.

Please do not leave any blank spaces

Agency		City		County
Tax I.D. Number	Amount Requested \$ Must match line in approved budget		Proposed number of clients to be served	
Contact Person		Contact Person Telephone		
Date(s) of Proposed Activity(ies)	Summary of activity/event (include title or name of event)	Location activity will be held (list name of facility, address, city, phone number to be used by the public)	Time(s) activity will be held	

Please note that retail sale of products is prohibited at these events.

Attach additional sheets as necessary.

Signature: _____

Executive Director