**Donaghue Dissemination Account Request Form**

**PLEASE PRINT OR TYPE**

Submission Date:

Principal Investigator:

Donaghue Grant Title:

Grant period – start and end dates:

Name and contact information for person completing this form:

Briefly describe planned activities and use of the funds and their relationship to your Donaghue grant (up to 100 words):

Expected dates or timeframe for the activities:

Dollar amount of funds being requested:

Please indicate if you have previously accessed this fund and the dollar amount:

Please email the completed request form to Stacy Cloud, Grants Administrator ([cloud@donaghue.org](mailto:cloud@donaghue.org)) and reference the dissemination account in the subject line.

Once approved, we will notify you and then reimburse you upon receiving a copy of invoices for services or receipts for expenses.

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Signature of PI requesting funds/ Date signed

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Donaghue signature approving use of funds/ Date signed