



**NORTH DADE AREA SUB COMMITTEE REPORT**

DATE \_\_\_\_\_

**NAME OF SUB-COMITTEE** \_\_\_\_\_

CHAIR'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

CHAIR'S MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CHAIR'S EMAIL \_\_\_\_\_

**SUB-COMMITTEE INFORMATION:**

ADDRESS/LOCATION OF MEETING \_\_\_\_\_

MEETING DAY \_\_\_\_\_ MEETING TIME \_\_\_\_\_

REPORT \_\_\_\_\_

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SUGGESTIONS \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

AMT MONEY DONATED TO AREA \_\_\_\_\_ DATE \_\_\_\_\_

AMOUNT OF SEED MONEY REQUESTED \_\_\_\_\_ WHEN NEEDED \_\_\_\_\_

SEED MONEY NEEDED FOR \_\_\_\_\_

AMOUNT REIMBURSED REQUESTED \_\_\_\_\_ FOR \_\_\_\_\_