Please fill out this form and save it to your computer by selecting "Save As" under the File menu. Then, attach this form to an email and send to: ***hcpclg@yahoo.com****.*

Parent Catalyst Name:

Amount Requested:

Date Request Submitted:

Date of Meeting(s):

Your payment request must ALSO include a meeting report that addresses the seven questions below.

NOTE: Payments will be processed ***after*** *the meeting request.*

1) Name of the organization that hosted the meeting

2) Name of the committee, meeting, or group

3) Date of the meeting

4) Location of the meeting

5) Purpose of the meeting – (topic/issue addressed; agenda)

6) Your role or involvement, including concerns or questions

7) Other Comments