

# MYANMAR AMERICAN SCIENCE & TECHNOLOGY ALUMNI ASSOCIATION FUNDING REQUEST FORM

Please complete all sections of this form. Submit completed form to: *info@mastaa.org*.

## SECTION 1: REQUESTOR INFORMATION

<b>Name of Requestor:</b>	
<b>Organization/Individual:</b>	
<b>Tax ID (EIN) (if applicable):</b>	
<b>Contact Number:</b>	
<b>Email Address:</b>	
<b>Mailing Address:</b>	

## SECTION 2: FUNDING REQUEST DETAILS

<b>Amount Requested:</b>	\$ _____
<b>Type of Donation:</b>	<input type="checkbox"/> Financial <input type="checkbox"/> Goods <input type="checkbox"/> Services <input type="checkbox"/> Other: _____

**Purpose and Justification for the Donation:**

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## SECTION 3: BENEFICIARY INFORMATION

<b>Beneficiary Name:</b>	
<b>Beneficiary Type:</b>	<input type="checkbox"/> Individual/Family <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Community Group <input type="checkbox"/> Educational Institution <input type="checkbox"/> Health Institution <input type="checkbox"/> Other: _____
<b>Contact Information:</b>	

**Verification Documents Attached:**

- Registration documents (for organizations)       Identification documents  
 Proof of need/circumstances                       Other: \_\_\_\_\_

## SECTION 4: EXPECTED IMPACT AND OUTCOMES

Describe the expected impact and outcomes of this donation:

How will the impact be measured or reported?

## SECTION 5: POST-DONATION ACCOUNTABILITY AGREEMENT

By submitting this request, I understand and agree to the following post-donation requirements:

- I will provide written acknowledgment of receipt within 7 days of receiving the donation
- I will submit proof of use (receipts, photographs, reports, invoices) as requested by MASTAA
- I will allow site visits or verification if required by MASTAA
- I will provide progress updates as specified in the approval conditions
- I will submit a final utilization report within 30 days of project completion
- I understand that failure to comply with these requirements may affect future funding requests and result in discontinuation of support

## SECTION 6: DECLARATION

I hereby declare that the information provided in this form is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the rejection of this request or discontinuation of support. I agree to comply with all accountability and reporting requirements outlined in this form and in Myanmar American Science & Technology Alumni Association Donation Policy.

Signature:

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Date:

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Name (Print):

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Position/Title:

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**FOR OFFICE USE ONLY**

<b>Date Received:</b>	
<b>Reviewed By:</b>	
<b>Approval Authority:</b>	<input type="checkbox"/> Board Committee (Up to \$5,000) <input type="checkbox"/> Full Board of Directors (Over \$5,000)
<b>Conflict of Interest Check</b>	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed
<b>IRS Status Verified (OFAC, sanctions lists, FCPA/tax compliance)</b>	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed
<b>Decision:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending Further Review
<b>Date of Decision:</b>	
<b>Accountability Requirements:</b>	<input type="checkbox"/> Acknowledgment of receipt (within 7 days) <input type="checkbox"/> Proof of use (receipts/photos/reports) <input type="checkbox"/> Progress updates <input type="checkbox"/> Final utilization report <input type="checkbox"/> Site visit/verification allowed

**Comments/Notes:**

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