



ARABIAN HORSE ASSOCIATIONSM

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AHA 0204 (Rev. 4/03)

Please print clearly.

PROJECT/PROGRAM APPROVAL REQUEST FORM

REQUESTER INFORMATION

Requested by: [] Committee (Committee Name) [] Director [] Member Date
AHA Membership # Name
Address E-Mail
City State/Prov. Zip/Postal
Home # Work # Fax #

PROJECT/PROGRAM INFORMATION

Please describe project/program in detail
Date proposed for implementation

AHA STAFF REQUIREMENTS

Does this project/program require AHA staff time to implement? [] Yes [] No
If Yes, please describe
Estimated number of hours of AHA staff time to implement
Does this project/program require AHA staff time to administer [] Yes [] No
If Yes, please describe
Estimated number of hours per week of AHA staff time to administer
Does this project/program require computer program design or modification [] Yes [] No
If Yes, please describe
Does this project/program justify this hiring of additional staff, if needed [] Yes [] No

EQUIPMENT REQUIREMENTS

Does this project/program require the use of equipment? [] Yes [] No
If Yes, please indicate number and type of equipment required:
Required Equipment
Portable P.C.
Desktop P.C.
C.R.T.
Portable Printer
Laserjet Printer
Other, Please specify
Does this project/program justify the purchase of equipment, if needed? [] Yes [] No

PROFESSIONAL ASSISTANCE REQUIREMENTS

Does this program/project require the use of professional assistance (e.g. attorney, tax accountant, etc.)? Yes No

If Yes, please describe _____

Estimated number of hours _____

FUNDING REQUIREMENTS

Does this project/program require funds to cover the cost of implementation and administration? Yes No

If Yes, please specify:

	Estimated Implementation Costs	Estimated Administration Costs
Contract Labor	\$ _____	\$ _____
Travel Staff	\$ _____	\$ _____
Travel Volunteer	\$ _____	\$ _____
Lodging & Meals Staff	\$ _____	\$ _____
Lodging & Meals Volunteer	\$ _____	\$ _____
Printing, Photography, etc.	\$ _____	\$ _____
Postage, Shipping	\$ _____	\$ _____
Reproduction	\$ _____	\$ _____
Promotional (video production, literature, booths, etc.)	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Other, Please specify _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

PROJECTED REVENUE

Does this project/program generate revenue? Yes No

If Yes, please describe _____

Estimated revenue generated in first year after implementation _____

Estimated revenue per year subsequent to implementation _____

Will this project/program generate revenue in excess of expenses _____

Estimated number of years before break-even point _____

ADDITIONAL INFORMATION

Are there any facts not covered that should be considered? Yes No

If Yes, please specify _____

Are there any additional comments on why this project/program should be approved? Yes No

If Yes, please specify _____

APPROVAL

Project/Program approved? Yes No Executive Committee Motion Date _____

Yes No Board of Directors Motion Date _____