



**LOCAL EVENT GRANT APPLICATION for SSSS Members**

**Purpose of Grant: To promote Sexual Science and SSSS**

If you are interested in applying for the SSSS Local Event Grant, please forward this completed application, along with a copy of your event flyer to: Mandy Peters, SSSS Executive Director; via email [thesociety@sexscience.org](mailto:thesociety@sexscience.org); mail 881 Third Street, Suite B-5, Whitehall, PA 18052; or (fax) 610-443-3105.

If you have any questions, please call 610-443-3100, or send an email to [thesociety@sexscience.org](mailto:thesociety@sexscience.org).

Name of SSSS Member: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Mailing Address of Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Authorized Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_  Cell  Office  Home

Name/Title of Program: \_\_\_\_\_

Event Date: \_\_\_\_\_ Target Audience:  Practitioners  Faculty  Students  Other \_\_\_\_\_

Grant Amount Requested (up to \$500.00): \_\_\_\_\_

How would the funds be spent? \_\_\_\_\_

Prior SSSS Funding?  Yes  No If Yes, Year/Amount Received \_\_\_\_\_

**FOR US APPLICANTS ONLY**

Is your organization Tax Exempt Under IRS 501(c)(3)?  Yes  No If **YES**, please attach IRS Form W-9.

Please write a short summary describing the event, its expected outcomes, and how the event will promote Sexual Science and SSSS.

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

If Grant is approved, check should be:

Made payable to: \_\_\_\_\_

Mailed to: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR SSSS USE ONLY**

SSSS Member  Program Materials Attached Date Received \_\_\_\_\_

SSSS Approval Amount \$ \_\_\_\_\_ (USD) SSSS Executive Director Approval \_\_\_\_\_