



RULES FOR CSEA REGION 6 ROBERT L. LATTIMER SUNSHINE FUND

1. The Sunshine Fund shall not be used as a "flower fund". It is created to provide assistance to members and their immediate families in time of catastrophe or crisis when other forms of support prove to be insufficient.
2. The Sunshine Fund will make all disbursements based upon the availability of funds and the Fund Committee's determination that there is both a need and a written request that meets the criteria that has been established by the Committee.
3. The monies raised for the Sunshine Fund shall come from separate fundraisers or donations only. Dues money, locals, Unit, or Region rebates shall not be used.
4. The Sunshine Fund Committee will consist of the Region Treasurer and one other Region officer. The third trustee will be a member from the Region. It will require all trustees to approve requests and amounts.
5. The Region President will appoint the two Trustees with the approval of the Region Executive Board.
6. Sunshine Fund monies will be kept separate from other Region 6 monies, and records of contributions and disbursements shall be maintained by the Region 6 Treasurer. A report of the Treasurer will be made at Region meetings regarding contributions and disbursement totals.
7. Disbursements from the fund will be made only to CSEA Region 6 members and their immediate families.
8. Immediate family shall be defined as: spouses, children, parents, siblings, or any person occupying the position of these relatives in the members' family.
9. Written requests are to be made on forms (see reverse), available from the Region Office. All forms must be signed by the Local President before submission, and mailed to:

CSEA Region 6 Robert L. Lattimer Sunshine Fund Committee
CSEA Region 6 Office
120 Pineview Drive
Amherst, New York 14228
(716) 691-6555

CSEA REGION 6 ROBERT L. LATTIMER SUNSHINE FUND REQUEST FORM



Mail to: CSEA Region 6
Robert L. Lattimer Sunshine Fund Committee
c/o CSEA Region 6 Office
120 Pineview Drive
Buffalo, New York 14228

DATE OF REQUEST: _____

LOCAL/UNIT: _____

CSEA MEMBER MAKING REQUEST:

NAME: _____

ADDRESS: _____

CSEA MEMBER FOR WHOM THE REQUEST IS BEING MADE: LOCAL/UNIT: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NUMBER OF YEARS IN CSEA _____

FULL TIME/PART TIME
(circle one)

DETAILS OF WHY THE REQUEST IS BEING MADE:

LOCAL PRESIDENT SIGNATURE: _____

I hereby approve the above request. Date	_____	Amount	\$ _____
	_____		\$ _____
	_____		\$ _____
Check #	_____	Amount	\$ _____
Date:	_____		