



## Optica Local Section Update Form

**Section Name**

**Officer Information** (a general email alias for the Section can be used in place of personal emails)

Name	Email Address	Phone number (including country code)
President:		
Vice President		
Treasurer		
Secretary		

**Full Section Address**

Address Line 1  
 Address Line 2  
 City:  
 State:  
 Postal Code:  
 Country:  
 Phone:

**Funding**

Will the section require activity grant funding for (insert year) \_\_\_\_\_?  Yes  No

How much funding will your section require?

- Please note that \$1000 is the maximum Optica will provide. Additional funding options may be available through [Optica Foundation](#).

Please provide a breakdown of how funds will be allocated. (e.g. \$200 will be spent on quarterly meetings with current members, \$300 for outreach community engagement events (two planned), etc.):

Amount Requested	Description of event, program, activity, etc.
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**Total Section Members**

Enter the total number of members who participate in your section. This number should include Optica Members as well as non-Optica Members. \_\_\_\_\_

**Membership Roster:**

Last Name, First Name	Email
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

9.	
10.	
11.	
12.	
13.	
14.	
15.	

**Please provide a short paragraph of your Section's anticipated activities in the coming year.** This may include items requested above in the funding sections as well as activities not requiring funding:

**Authorization**

[ ] By checking this box, I confirm that I have been authorized by my section to complete this grant application and report and that all information provided is true.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**