

Funding REQUEST FORM

In order to be considered for funding, the following must be completed:

1. Application must be submitted by deadline (No less than 30 days before the event).
2. Applications will be accepted up to 15 minutes before the start of the funding review meeting. Applications turned in after this will be reviewed at the next funding review meeting.

Organization Information

Organization Name: _____
 Contact Name: _____
 Preferred Contact Info: _____

Note: The Funding Review Board will still review applications for funding without a representative present from the organization. However, the person whose is listed as the contact name must be available by phone or email during the meeting time in case questions arise concerning the need for funding. The contact person will be notified when a decision is made.

Are you requesting funding for programming? Yes No

If you are requesting funding for an event, an Event Application/Request Form must be turned in before or concurrently with this form or this form will not be accepted.

Are you requesting funding for supplies? Yes No

Please Fill out Corresponding boxes below.

Funding for Programming: *please fill out the following section.*

Program Name: _____
Program Date: _____
Location: _____
Time: _____

Presenter/Entertainer
 Name: _____
Estimated Cost: \$ _____

Food
 Food Requested: _____
 Anticipated Number Attending: _____
Estimated Cost: \$ _____
(based on Sodexo prices)

Will you be charging admission for this event? Yes/No
 If so, how much do you estimate you will collect \$ _____
(please do not consider this in your total request for funds below)
 What do you plan on doing with this money?

Funding for Supplies: *please fill out the following section.*

Event Supplies *(only list items that need to be purchased/rented)*

Estimated Cost: \$ _____

Marketing Supplies *(only list items that need to be purchased/rented)*
 Print Room Materials: _____
 Craft Supplies: _____
 Other _____
Estimated Cost: \$ _____

Promotional Supplies *(list all supplies requested)*
 Promotional/Giveaway Items (t-shirts, key chains, etc.):

 Other: _____
Estimated Cost: \$ _____

If the supplies requested are unrelated to a program, how will these supplies be used to help your organization achieve its goals?

TOTAL REQUEST FOR FUNDS: \$ _____.

By signing the line below, you hereby state the above information is valid and truthful.

 (Signature/Date)

 (Advisor Signature/Date)

Important: Please Read

- Purchases made before receiving the approval of funding will not be reimbursed.
- A tax exempt form may be used. Sales Tax is non-refundable.
- Please save all receipts.



Funding REQUEST FORM

• **Please attach any information on speakers/performers or supplies including biographies, descriptions and funding quotes.**

Note: Campus Resources may not be used during the summer months of the year.

If you have any questions, please contact the Assistant to the Director of Student Activities at 630-829-6128.