

Community. Diversity. Leadership. We make it happen.

SAO Supplemental Funding Request Application

Group Information Organization Name (Official): Main Account Balance: \$_____ Main Account Number (Cost Object): _____ ASA Recognized? Yes ____ No ____ Current UA/GSC Allocation (if applicable): \$_____ Contact Person: ______ Phone: ______ Position within Student Organization: **Event Information** Event Title: _____ Event Date: Event Location: **Funding Information** Funding Requested from SAO: \$ Have your been previously awarded SAO Supplemental Funding? Y N If Yes, most recent date: To what other funding sources have you applied? (add attachment if additional space required) Source: Amount Requested **Amount Confirmed** (N/A if pending) \$_____

Please attach the following:

- 1) Proposal Summary
 - a. Description of the event
 - b. Purpose and relevance to your organization
 - c. Description of how event/program will contribute to at least one of the following areas: leadership development, community development, and/or diversity enrichment
 - d. A detailed breakdown of your student group's involvement in planning this event, which may include a breakdown of job responsibilities, publicity plan, volunteer roles, collaboration with other student organizations, and any other information you deem pertinent to the success of your event
 - e. No more than 500 words (one page, standard type)
- 2) A completed Budget Worksheet (see back side for template)

Once an application is submitted, a member of the Student Activities staff will contact you to set up a mandatory meeting. This meeting must happen before the funding request can be reviewed. If your program is funded, please be aware that you will be required to submit a summary report as well as a final budget following the event.

^{**}All Supplemental Funding Request applications must be received AT LEAST one month prior to the event date**

Event Budget Template

| EXPENSES: | | FUNDING SOURCES: | | |
|-----------------------|----|-------------------------------|---------------|--------|
| Advertising | \$ | Group Funding Account | \$ | % |
| AV | \$ | | | |
| Contracts | \$ | Group Main Account | \$ | % |
| Copies/Printing | \$ | | | |
| Equipment rental | \$ | Event Income Contribution | \$ | % |
| Equipment Purchases | \$ | | | |
| Event Food | \$ | LEF Funds | \$ | % |
| Facilities Rental | \$ | | | |
| Fees/Licenses | \$ | Arcade Funds | \$ | % |
| Guest/Speaker Travel | \$ | | | |
| Guest/Speaker Lodging | \$ | SAO Supplemental Request | \$ | % |
| Guest/Speaker Meals | \$ | | | |
| Parking | \$ | Other Sources (Identify) | \$ | % |
| Police Detail | \$ | | | |
| Postage/Shipping | \$ | TOTAL FUNDING | \$ | 100% |
| Travel | \$ | | | |
| Vehicle Rental | \$ | (Funding must equal expenses) | | |
| Other (identify) | \$ | | | |
| Other (identify) | \$ | (Fulluling infus | it equal expe | 11303) |
| TOTAL EXPENSES | \$ | | | |

I understand that SAO Supplemental Funding is pending until I submit a completed summary report following the event. A follow-up meeting with a SAO staff member may be requested and other group members are encouraged to attend. The report/meeting must occur within a month following the event.

Signature: Date:

Return this form to the Student Activities Office, W20 – 549