## SGA REQUEST FOR FUNDING APPLICATION

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>Contact Person</th>
<th>e-mail address</th>
</tr>
</thead>
</table>

A. **Activity:**

B. **Date of Activity:**

C. **Location:**

D. **Purpose:**
- [ ] Fundraiser
- [ ] Informational
- [ ] Academic Enrichment
- [ ] Advocacy
- [ ] Civic
- [ ] Cultural Enrichment
- [ ] Religious
- [ ] Sports
- [ ] Other

E. **BRIEF DESCRIPTION OF THE ACTIVITY BEING PLANNED**

F. **DETAILED EXPENDITURE**

<table>
<thead>
<tr>
<th>ITEMS and/or SERVICES</th>
<th>COST PER ITEM/SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Facilities</td>
<td>$_________</td>
</tr>
<tr>
<td>2. Security</td>
<td>$_________</td>
</tr>
<tr>
<td>3. Food</td>
<td>$_________</td>
</tr>
<tr>
<td>4. Speakers/Entertainment</td>
<td>$_________</td>
</tr>
<tr>
<td>5. Accommodations</td>
<td>$_________</td>
</tr>
<tr>
<td>6. Transportation</td>
<td>$_________</td>
</tr>
<tr>
<td>7. Decorations</td>
<td>$_________</td>
</tr>
<tr>
<td>8. Publicity</td>
<td>$_________</td>
</tr>
<tr>
<td>9. Invitations/Printing &amp; Duplication</td>
<td>$_________</td>
</tr>
<tr>
<td>10. Prizes</td>
<td>$_________</td>
</tr>
<tr>
<td>11. Other:</td>
<td>$_________</td>
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**TOTAL ANTICIPATED EXPENDITURES:** $_________

G. **Describe your revenue source(s) for this activity:**

H. **Committee/Organization Contribution:**

**Total Anticipated Revenues:** $_________

**TOTAL AMOUNT OF SGA FUNDS REQUESTED:** $_________

**APPROVED / DENIED**

Signature of SGA’s Vice-President  
Date  
Total Amount Approved

Provisions/Reasons
SGA REQUEST FOR FUNDING – ACTIVITY REPORT

*This Form is to be completed at the end of the event before the requisition can be processed*

Activity Name: ___________________________ Organization: _____________________
Date: ___________________              Time: ____________            Location: ____________

1. Rate the success of the event:
   ☐ Excellent   ☐ Very Good   ☐ Good      ☐ Fair      ☐ Poor
   Explain _______________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

2. Was it well attended by the students? Yes No
3. Was it well attended by the faculty? Yes No

4. Would you recommend that this activity/program be offered again? Yes No
   - If yes, what were they?
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

5. Were there any last minute changes? Yes No
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

6. Were there any budgetary changes to the estimates submitted? Yes No
   If yes please specify

<table>
<thead>
<tr>
<th>Item/Service</th>
<th>Projected Cost</th>
<th>Actual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________</td>
<td>___________</td>
<td>___________</td>
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</table>

Comments: ______________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

Head of Organization (Signature)  Faculty/Staff Advisor (Signature)

Please attach invoices totaling the amount approved along with a prepared check requisition and proof that the provisions stipulated were met. Submit the enclosed to the Vice-President of SGA via Student Mail.