

Event and Budget Request Form Student Government Activity Fee

A separate Student Government Activity Request Form must be completed for each project for which funds are desired from the Student Government Activity Fee.

SPONSORING GROUP INFORMATION

Sponsoring Group Name: _____

Advisor: _____ Phone: _____

Officer: _____ Phone: _____

Contact Email Address (other than CSCC email): _____

PROJECT INFORMATION

Project Name: _____

Type of Project: Educational Fundraiser Intramurals
 Lecturer, Speaker, Entertainment Travel
 Social Other: _____

Intended Audience: Students Employees Community

Date of Project: _____ Time: _____

Location: _____

FUNDING INFORMATION

Total amount of funding required for this event: \$ _____

Will this event be solely funded by the Student Government Activity Fee? Yes No

Amount requested from Student Government Activity Fee; \$ _____

Amount contributed by sponsoring group: \$ _____

How many students do you expect to attend? _____

Do you plan to charge admission? Yes No If yes, please list amount : \$ _____

Will food or refreshments be provided for: FREE? Yes No
 FOR SALE? Yes No If so, please list items and prices in the description of event section below.

Has your organization sponsored a similar activity in the last year? Yes No

If so, please list:

Event Name: _____ Date: _____
 Attendance: _____ Cost: \$ _____

How will this project address the needs of our college, enhance student life, encourage student life and/or build community? Please describe your project/goal in as much detail as possible.

(Use back of paper if needed)

Please list below the amount of money you are requesting for each category.

CATEGORY	FUNDS REQUESTED	DESCRIPTION (Attach separate sheet of paper if necessary)
Supplies/Decorations	\$	
Food/Drinks	\$	
Promotions	\$	
Rental Fees	\$	
Lecturers/Speakers/Entertainment	\$	
Travel (Including Registration Fee)	\$	
TOTAL	\$	

Advisor/Sponsor Name: _____ Signature: _____ Date: _____

Club Officer Name: _____ Signature: _____ Date: _____

PLEASE DO NOT WRITE IN THIS SPACE

Committee Review date: _____ Approved Denied
 Comments/Recommendations: _____

Committee Chair: _____ Date: _____

Vice President of Student Services: _____ Date: _____