SAFAC Funding Proposal: must be submitted 3 weeks prior to event

Organization: ____________________________ Date Submitted: ______________

Student Representative: ____________________________ E-Mail: __________________@mail.roosevelt.edu

Cell Number: ____________________________

Name of Event: ____________________________

Date & Time: _______________ (Minimum of 3 weeks from proposal date.) Anticipated Location: __________________

Anticipated Attendance: ______________________ Anticipated Audience: __________________

Is this a Co-Sponsored Event? __________________ If so, with whom? __________________

Program Description & Program Goals (minimum of 3 goals):

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Funding Amount Requested: ______________________ Estimated Amount of Funds from other Sources: __________

Other Sources of Funding:

List all items that you are requesting funding for below. For example, if you are requesting $100, list how the $100 dollars will be spent. Please be specific and attach itemized budget, invoice, contract, or additional documents needed.

<table>
<thead>
<tr>
<th>Item</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td></td>
</tr>
</tbody>
</table>

Directions and funding proposal details can be found in the Student Organization Resource Manual. You are responsible for reading the directions and being aware of all terms.

Organization President Signature: ____________________________ Date: ______________

Organization Advisor Signature: ____________________________ Date: ______________

SAFAC Email Address: SAFAC-Chi@roosevelt.edu

CSI Email: csi@roosevelt.edu

Date Reviewed: ______________ Billing Placed: ______________ MMS Placed: ______________

Total Allocated: __________________ Additional Comments: __________________
SAFAC
Conference Funding Request Form Cover Sheet (Revised August 2011)

This form must be submitted 30 days prior to the conference. Please note that this requires more time than the typical SAFAC funding request form.

Term: _______________________

NOTE: Please attach copies of any supporting documentation such as registration information, price quotes, etc. Only conference registration will be eligible for funding; travel costs, hotel, etc. are the responsibility of the students/student org.

Organization: ___________________________________________ Number of Members Going On This Trip____

Contact Person: ________________________________________ Title: _____________________________

Phone_____________________ RU Email: ______________________________________________________

What is the purpose of this trip? ____________________________________________________________
____________________________________________________________________________________

What will your organization learn from this trip? ______________________________________________
____________________________________________________________________________________

Date/Time/Location for program after conference _____________________________________________

Amount Requested

Registration Costs (per person) $ __________________

Total Budget Requested for Registration $ __________________

Organization President: ____________________________ Date:________________

Organization Advisor: ____________________________ Date:________________

Please submit with your SAFAC Funding Proposal to the Center for Student Involvement (WB 323) at least 30 days prior to the specified travel date.