

# SAFAC Funding Proposal: to be submitted 3 weeks prior to proposed event

Organization: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Student Representative: \_\_\_\_\_ E-mail: \_\_\_\_\_@mail.roosevelt.edu  
Cell Number: \_\_\_\_\_ Advisor E-mail: \_\_\_\_\_  
Name of Event: \_\_\_\_\_ Event Date: \_\_\_\_\_ Confirmed Location: \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Co-Sponsor Organization (if applicable): \_\_\_\_\_  
Anticipated Attendance: \_\_\_\_\_ Will your event have attendants other than Roosevelt students? YES NO  
Program Description:

Program Goals (Minimum of 3):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Funding Amount Requested: \$ \_\_\_\_\_ Estimated Amount of Funding from Other Sources: \$ \_\_\_\_\_

Please list items you are requesting in the spaces below. Please provide a detailed list of items including (if applicable) speaker fees, items for reimbursement, catering menu items and quantity, etc. Please be specific and attach itemized budget, invoice, contract, or additional documents as needed. Please list set-up and ATS needs on the back of this form.

<u>ITEM</u>	<u>Dollar Amount</u>

Total: \$ \_\_\_\_\_

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

Organization President Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Organization Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR SAFAC USE ONLY

DATE REVIEWED:	CLUSTER ADVISER:
DOES EVENT REQUIRE CONTRACT Y / N	HAS GROUP MET WITH CLUSTER ADVISOR Y / N
DOES EVENT REQUIRE ATS Y / N	WILL EVENT HAVE ATS FEE Y / N