

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

Organization: CSI Date Submitted: 10/10/17

Student Representative: Amy Poehler E-mail: apoehler @mail.roosevelt.edu

Cell Number: 1800225-6944 Advisor E-mail: _____

Name of Event: Movie Marathon Event Date: 11/3 Confirmed Location: ?

Start Time: 5:30 End Time: 10:00 Co-Sponsor Organization (if applicable): _____

Anticipated Attendance: 100 Will your event have attendants other than Roosevelt students? YES NO

Program Description:

We are going to watch some movies.

Program Goals (Minimum of 3):

1. Watch movies

2. Learn something

3. Talk about it.

Funding Amount Requested: \$ 10,000 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.

ITEM	Dollar Amount
<u>Popcorn</u>	<u>?</u>
<u>Sodas</u>	<u>?</u>
<u>Sandwiches</u>	<u>?</u>
<u>Chips</u>	<u>?</u>
<u>Cookies</u>	<u>?</u>
<u>Cupcakes</u>	<u>?</u>
<u>Pancakes</u>	<u>?</u>

Total: \$ 10,000

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: Tina Fey Date: 10/10/17

Organization Advisor Signature: _____ Date: _____

FOR SAFAC USE ONLY

DATE REVIEWED:
DOES EVENT REQUIRE CONTRACT Y/N
DOES EVENT REQUIRE ATS Y/N

CLUSTER ADVISER:
HAS GROUP MET WITH CLUSTER ADVISOR Y/N
WILL EVENT HAVE ATS FEE Y/N