

**FLORIDA SOUTHERN COLLEGE  
STUDENT GOVERNMENT ASSOCIATION  
ASSISTING FUNDS MONETARY FUNDS REQUEST PROPOSAL FORM**

DATE: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

CONTACT PERSON/PHONE NUMBER: \_\_\_\_\_

PURPOSE OF ORGANIZATION: \_\_\_\_\_

WHAT ARE YOUR GOALS FOR THE COMING YEAR AND HOW WILL THE FUNDS REQUESTED BE USED TO BENEFIT THE STUDENT BODY? [Please provide a specific budget breakdown and attach additional documentation if needed.]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOES YOUR ORGANIZATION HAVE ANY ADDITIONAL FUNDING? (Dues, fundraising, etc.) IF SO, PLEASE DESCRIBE:

\_\_\_\_\_  
\_\_\_\_\_

AMOUNT REQUESTED FOR THIS EVENT \_\_\_\_\_

ORGANIZATION PRESIDENT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE TO BE VOTED ON: \_\_\_\_\_

DATE APPROVED/DENIED: \_\_\_\_\_

FUNDS RECEIVED:

\_\_\_\_\_

SGA SIGNATURE/TITLE: \_\_\_\_\_

Please return completed form with 40 additional photocopies to the Office of Student Activities located in the Bandshell. You will be notified after the House vote on how much the organization received. **It is highly recommended that your organization representative be at the meeting when your proposal is voted on!**