



**FLORIDA A&M UNIVERSITY  
A&S Budget Process for 2014-2015**

**Annual Budget Application for Activity and Service (A&S) Fees  
Certified University Clubs/Organizations/Departments**

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- All *recognized* student organizations and departments of Florida A&M University are eligible to apply for the allocation of A&S Fees, which are drawn from the students' tuition dollars. All applications must be submitted on or before **5:00 p.m. on Tuesday, March 11, 2014. NO EXCEPTIONS.**
- Please pay attention to each question and answer questions thoroughly.

**1. Name of organization or department (entity):**

\_\_\_\_\_

**2. Certification of club status by the Office of Student Activities: (to be confirmed by the Office of Clubs and Organizations)**

**Official use only:**

Check one:      Certified \_\_\_\_\_      Not Certified \_\_\_\_\_

Student Government Association Director Signature: \_\_\_\_\_

Coordinator of Clubs & Organizations Signature: \_\_\_\_\_

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**3. Leaders of the entity (fill out completely; if none, indicate by N/A):**

President: \_\_\_\_\_      Advisor: \_\_\_\_\_

E-mail: \_\_\_\_\_      E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_      Phone: \_\_\_\_\_

Vice-President: \_\_\_\_\_      Treasurer: \_\_\_\_\_

E-mail: \_\_\_\_\_      E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_      Phone: \_\_\_\_\_

Person Submitting Form: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**4. Approximate number of students in your entity: \_\_\_\_\_**

**How many students does your entity serve? \_\_\_\_\_**

**5. How often does your entity meet? \_\_\_\_\_**

**Location of meetings: \_\_\_\_\_**

**6. What is the purpose of your organization/ department? \_\_\_\_\_**

\_\_\_\_\_

**7. What are your organization/ department's mission and goals for the 2014-2015 school year? \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**8. A) Is your entity affiliated with any other funding sources?**

Check one: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe and please be specific.

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If yes, how much (please be specific)?

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If no, why have you not looked into other funding sources?

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**9. List and describe ANY and ALL fundraising events carried out by your entity from July 1, 2013, to present. Please provide the amount of funds raised. (attach additional pages, if necessary)**

Fundraising Description	Amount Raised
<b>Fundraising Total</b>	

**10. How much do you anticipate fundraise during the next fiscal year? The anticipated fundraising for 2014-2015 should be comparable or greater to the amount fundraised in 2013.-2014.**

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11. List and briefly describe ALL activities sponsored by your entity from July 1, 2013, to present. (attach additional pages, if necessary)

<b>Event</b>	<b>Location</b>	<b>Brief Description</b>

# LINE-ITEM BUDGET REQUEST

## 1. A) Salaries and Benefits (S&B)

If there are any persons with *existing* positions, being paid by your entity, please list and describe the position.

	Position/Title	Pay Plan	University Class Code*	Salary	Benefits	Total	Description of Position
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
<b>TOTAL AMOUNT REQUESTED:</b>							

### Aa) Salaries and Benefits (S&B)

If there are any *new or recommended positions* being proposed within your entity for the 2014-2015 academic year, please list and describe the position.

	Position/Title	Pay Plan	University Class Code*	Salary	Benefits	Total	Description of Position
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
<b>TOTAL AMOUNT REQUESTED:</b>							

**SALARIES AND BENEFITS TOTAL: \$ \_\_\_\_\_**

## B) Other Personnel Services (OPS)

If there are any *existing* positions on an OPS contract, please list and describe below.

	Position/Title	Rate per Hour	Bi-Weekly Hours	Number of Pay Weeks	Total Allocated for Position
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
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34.					
35.					
36.					
37.					
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39.					
40.					
41.					
42.					
43.					
44.					
45.					
46.					
47.					
48.					
49.					
50.					
<b>TOTAL AMOUNT REQUESTED:</b>					

## Bb) Other Personnel Services (OPS)

If there are any *new or recommended positions* being proposed within your entity for the 2014-2015 academic year, please list and describe the position.

	Position/Title	Rate per Hour	Bi-Weekly Hours	Number of Pay Weeks	Total Allocated for Position
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
<b>TOTAL AMOUNT REQUESTED:</b>					

**OTHER PERSONNEL SERVICES TOTAL: \$ \_\_\_\_\_**

### C) General Expenses List

List ALL general expenses the entity would like included in its request and specify the quantity and price of each (with 3 quotes for each item attached to this application, if possible). Do not include items associated with any Activities or Programs sponsored by your entity, which should be listed in the next section.

Item	Description	Quantity	Unit Price Total	Total Cost
<b>General Expense Total</b>				

## D) Activities and Programs

For EACH activity being planned by your entity, please provide the following information. Several copies of this form have been included in this application; however, you may add more events as needed.

### Event #1

**1. Description of Activity:**

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**2. Purpose of Activity:**

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**3. Estimated Date(s) of Activity:** \_\_\_\_\_

**4. Location of Activity (if determined):**

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**5. Number of Club/Organization Members Attending:** \_\_\_\_\_

**6. Will the Florida A&M University student body, including non-members of your club/organization, be able to participate in this activity/program?**

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**7. How will this activity/program benefit the Florida A&M University student body?**

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**8. Estimated Cost of Activity**

Item	# of Items	Unit Cost	Total Item Cost
<b>Activity Total</b>			



## Event #2

**1. Description of Activity:**

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**2. Purpose of Activity:**

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**3. Estimated Date(s) of Activity:** \_\_\_\_\_

**4. Location of Activity (if determined):**

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**5. Number of Club/Organization Members Attending:** \_\_\_\_\_

**6. Will the Florida A&M University student body, including non-members of your club/organization, be able to participate in this activity/program?**

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**7. How will this activity/program benefit the Florida A&M University student body?**

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**8. Estimated Cost of Activity**

Item	# of Items	Unit Cost	Total Item Cost
<b>Activity Total</b>			

## Event #3

**1. Description of Activity:**

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**2. Purpose of Activity:**

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**3. Estimated Date(s) of Activity:** \_\_\_\_\_

**4. Location of Activity (if determined):**

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**5. Number of Club/Organization Members Attending:** \_\_\_\_\_

**6. Will the Florida A&M University student body, including non-members of your club/organization, be able to participate in this activity/program?**

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**7. How will this activity/program benefit the Florida A&M University student body?**

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**8. Estimated Cost of Activity**

Item	# of Items	Unit Cost	Total Item Cost
<b>Activity Total</b>			

## Event #4

**1. Description of Activity:**

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**2. Purpose of Activity:**

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**3. Estimated Date(s) of Activity:** \_\_\_\_\_

**4. Location of Activity (if determined):**

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**5. Number of Club/Organization Members Attending:** \_\_\_\_\_

**6. Will the Florida A&M University student body, including non-members of your club/organization, be able to participate in this activity/program?**

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**7. How will this activity/program benefit the Florida A&M University student body?**

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**8. Estimated Cost of Activity**

Item	# of Items	Unit Cost	Total Item Cost
<b>Activity Total</b>			

## Event #5

**1. Description of Activity:**

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**2. Purpose of Activity:**

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**3. Estimated Date(s) of Activity:** \_\_\_\_\_

**4. Location of Activity (if determined):**

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**5. Number of Club/Organization Members Attending:** \_\_\_\_\_

**6. Will the Florida A&M University student body, including non-members of your club/organization, be able to participate in this activity/program?**

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**7. How will this activity/program benefit the Florida A&M University student body?**

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**8. Estimated Cost of Activity**

Item	# of Items	Unit Cost	Total Item Cost
<b>Activity Total</b>			

## Event #6

**1. Description of Activity:**

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**2. Purpose of Activity:**

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**3. Estimated Date(s) of Activity:** \_\_\_\_\_

**4. Location of Activity (if determined):**

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**5. Number of Club/Organization Members Attending:** \_\_\_\_\_

**6. Will the Florida A&M University student body, including non-members of your club/organization, be able to participate in this activity/program?**

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**7. How will this activity/program benefit the Florida A&M University student body?**

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**8. Estimated Cost of Activity**

Item	# of Items	Unit Cost	Total Item Cost
<b>Activity Total</b>			

## Event #7

**1. Description of Activity:**

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**2. Purpose of Activity:**

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**3. Estimated Date(s) of Activity:** \_\_\_\_\_

**4. Location of Activity (if determined):**

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**5. Number of Club/Organization Members Attending:** \_\_\_\_\_

**6. Will the Florida A&M University student body, including non-members of your club/organization, be able to participate in this activity/program?**

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**7. How will this activity/program benefit the Florida A&M University student body?**

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**8. Estimated Cost of Activity**

Item	# of Items	Unit Cost	Total Item Cost
<b>Activity Total</b>			

## Event #8

**1. Description of Activity:**

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**2. Purpose of Activity:**

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**3. Estimated Date(s) of Activity:** \_\_\_\_\_

**4. Location of Activity (if determined):**

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**5. Number of Club/Organization Members Attending:** \_\_\_\_\_

**6. Will the Florida A&M University student body, including non-members of your club/organization, be able to participate in this activity/program?**

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**7. How will this activity/program benefit the Florida A&M University student body?**

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**8. Estimated Cost of Activity**

Item	# of Items	Unit Cost	Total Item Cost
<b>Activity Total</b>			

## Event #9

**1. Description of Activity:**

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**2. Purpose of Activity:**

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**3. Estimated Date(s) of Activity:** \_\_\_\_\_

**4. Location of Activity (if determined):**

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**5. Number of Club/Organization Members Attending:** \_\_\_\_\_

**6. Will the Florida A&M University student body, including non-members of your club/organization, be able to participate in this activity/program?**

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**7. How will this activity/program benefit the Florida A&M University student body?**

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**8. Estimated Cost of Activity**

Item	# of Items	Unit Cost	Total Item Cost
<b>Activity Total</b>			



## Event #10

**1. Description of Activity:**

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**2. Purpose of Activity:**

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**3. Estimated Date(s) of Activity:** \_\_\_\_\_

**4. Location of Activity (if determined):**

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**5. Number of Club/Organization Members Attending:** \_\_\_\_\_

**6. Will the Florida A&M University student body, including non-members of your club/organization, be able to participate in this activity/program?**

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**7. How will this activity/program benefit the Florida A&M University student body?**

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**8. Estimated Cost of Activity**

Item	# of Items	Unit Cost	Total Item Cost
<b>Activity Total</b>			

ACTIVITIES AND PROGRAMS TOTAL: \$ \_\_\_\_\_

E) A&S Travel Request (attach additional pages, if necessary)

Travel #1:

I. **Description and Purpose for Travel:**

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II.

Item	# of People/Rooms	Unit Cost	Total Item Cost
REGISTRATION			
HOTEL			
TRANSPORTATION			
<b>Travel Total Cost</b>			

Travel #2:

I. **Description and Purpose for Travel:**

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II.

Item	# of People/Rooms	Unit Cost	Total Item Cost
REGISTRATION			
HOTEL			
TRANSPORTATION			
<b>Travel Total Cost</b>			

Travel #3:

I. **Description and Purpose for Travel:**

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II.

Item	# of People/Rooms	Unit Cost	Total Item Cost
REGISTRATION			
HOTEL			
TRANSPORTATION			
<b>Travel Total Cost</b>			

Travel #4:

I. **Description and Purpose for Travel:**

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II.

Item	# of People/Rooms	Unit Cost	Total Item Cost
REGISTRATION			
HOTEL			
TRANSPORTATION			
<b>Travel Total Cost</b>			

Travel #5:

I. **Description and Purpose for Travel:**

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II.

Item	# of People/Rooms	Unit Cost	Total Item Cost
REGISTRATION			
HOTEL			
TRANSPORTATION			
<b>Travel Total Cost</b>			

Travel #6:

**I. Description and Purpose for Travel:**

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**II.**

Item	# of People/Rooms	Unit Cost	Total Item Cost
REGISTRATION			
HOTEL			
TRANSPORTATION			
<b>Travel Total Cost</b>			

Travel #7:

**I. Description and Purpose for Travel:**

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**II.**

Item	# of People/Rooms	Unit Cost	Total Item Cost
REGISTRATION			
HOTEL			
TRANSPORTATION			
<b>Travel Total Cost</b>			

Travel #8:

**I. Description and Purpose for Travel:**

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**II.**

Item	# of People/Rooms	Unit Cost	Total Item Cost
REGISTRATION			
HOTEL			
TRANSPORTATION			
<b>Travel Total Cost</b>			

TOTAL TRAVEL COST: \$ \_\_\_\_\_

NOTE: For each trip please attach a list of travelers, if possible

## TOTAL 2014-2015 BUDGET REQUEST

Please provide the totals for wages, supplies and equipment, and activities. The individual totals should match those on the previous pages of the application.

+ Salaries & Benefits (S&B) \$ \_\_\_\_\_

+ Other Personnel Services (OPS) \$ \_\_\_\_\_

+ General Expenses Total \$ \_\_\_\_\_

+ Activities and Programs Total \$ \_\_\_\_\_

+ Travel Total \$ \_\_\_\_\_

**Total 2014-2015 Budget Request**

\$
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