



# Butler University

## Student Government Association



### --Grant Application--

1. Organization: \_\_\_\_\_

2. Is this organization a SGA approved organization? \_\_\_\_\_

3. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

4. Type of Grant (Please Circle One):    Event Grant            or            General Purpose Grant

**\*If applying for an Event Grant, please complete lines 5, 6, and 7; if applying for a General Purpose Grant, skip to line 8.**

5. Event Title: \_\_\_\_\_

6. Date of Event: \_\_\_\_\_

7. Please write a brief description of the event: \_\_\_\_\_

8. Please describe the intended purpose for this General Grant: \_\_\_\_\_

9. Approximate number of Butler students who will benefit: \_\_\_\_\_

10. Requested amount of grant \$ \_\_\_\_\_ (*Event Grant*—Maximum amount is \$500 unless budget is greater than \$5,000, then maximum amount is \$1,000. *General Purpose Grant*—Maximum amount is \$500 unless budget is greater than \$10,000 then the maximum amount is \$1,000. *Club Sports*—Maximum amount is \$500 unless budget is greater than \$5,000 then the maximum amount is \$1,000.)

11. Total budgeted costs (either for the one event or for the general expense) \$ \_\_\_\_\_  
**(Please attach itemized budget showing all revenues and expenses)**

12. Previous SGA grants (when and how much): \_\_\_\_\_

13. Butler account number: \_\_\_\_\_

14. Current account balance: \_\_\_\_\_

We have read and understood all of the Student Government Association Grant Requirements. We will present any financial information upon request by the Student Government Association or the SGA Grant Committee, including, but not limited to all receipts from the event. We also give permission for the Grant Committee to review any financial records as kept by the treasurer of the organization. We swear that all of the information on this application is accurate to our best knowledge and understand that any intentional misleading information on the application will result in automatic cancellation of the SGA grant.

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date

**You must have a representative at the Grants Committee Meeting as well as the SGA Assembly Meeting to be considered for a grant!**