

COLLEGE OF STATEN ISLAND STUDENT GOVERNMENT SPECIAL PROPOSAL FORM

Room 1C-207

718-982-3082/85

Please **print or type** the following information:

SPONSOR INFORMATION

Person Making Request: _____

Event Title: _____

Sponsoring Organization: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

SECTION I:

1. **PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED PROGRAM:** (please be as **specific** as possible. Use reverse side if necessary.)

Preferred Date: _____ Alternate Date: _____

Time of Event: from: _____ To: _____

Proposed Venue: _____ Alternate Venue: _____

Has venue been reserved? Yes _____ No _____

Expected Attendance: _____

2. **WILL THE EVENT INCLUDE PRESENTORS/PERFORMERS. IF SO PLEASE SPECIFY BELOW:**

Name: _____ Fee: _____

Name: _____ Fee: _____

Name: _____ Fee: _____

The College of Staten Island and the CSI Association require relevant background information for comparable engagements at other colleges or venues outside of CSI. This will include dates, times, contact persons at said college/venue and fees paid. Attach bios, resumes or similar documentation substantiating the background and credentials of the speaker or performer. Comparable forms are available in the Student Government office.

3. **BUDGET REQUEST INFORMATION:**

Will you be seeking funding from any other sources? Yes ___ No ___ If yes please provide the following information:

Name of funding body	Amount Allocated:	For what use:
_____	_____	_____
_____	_____	_____

3. **PROPOSED LINE BY LINE BUDGET: (MUST BE DETAILED AND INCLUDE BACKUP DOCUMENTS WHEN APPLICABLE SUCH AS QUOTES FROM VENDORS, COMPARABLE INFORMATION FOR PERFORMERS, SECURITY COSTS,)**

For: _____ Amount \$ _____

For: _____ Amount \$ _____

For: _____ Amount \$ _____

For: _____ Amount \$ _____

Total Estimated Cost of Program: Amount \$ _____

For SG Use Only: Proposal Received: _____ Proposal Approved/Denied: _____

Total Amount Allocated: _____