

Application for Funding Concord University SGA

Fall __ Spring __ 20__

Date: _____

Name of Organization: _____

Is your organization represented in the Student Senate? Yes __ No __

Number of active members: _____

Please answer all questions.

1. Are you requesting funds from SGA for the current semester? Yes __ No __
2. Did you apply for SGA funds last semester? Yes __ No __
3. If you checked "yes" for #2, how much did you receive? _____
4. What is the total amount that you are requesting this semester? _____
5. Complete the chart below titled "Activity Details"

Activity Details (please be specific)	Amount in \$
Total amount requested	**

**This figure must equal the amount given in #4

This question may be optional, please read carefully.

6. If any activity planned involves a trip, please answer the following:
 - a. How many people will be attending the activity? _____
 - b. How much are registration fees for each individual? _____
 - c. What is the total amount for all individuals registering? _____
 - d. What will be the mode of transportation? _____
 - e. Where are you leaving from? _____
 - f. What is the final destination? _____
 - g. What is the total (both ways) miles traveled in the trip? _____
 - h. How many nights you need to pay for lodging? _____
 - i. How many rooms will you be renting? _____
 - j. What is the cost per room per night? _____

This question may be optional, please read carefully.

7. If any activity planned involves an on campus speaker, please answer the following:
 - a. What is the name/title of the speaker? _____
 - b. Have they previously spoken at Concord? _____
 If yes, which organization arranged that event? _____
 When was that event arranged? _____
 - c. What are your reasons for bringing this speaker to Concord?

 - d. Complete the chart below titled "Specific Speaker Costs"

Specific Speaker Costs	Amount in \$
Lodging costs, if any (name of facility _____)	
Travel reimbursement, if any	
Gratuity costs (cost of speaker)	
Other (please explain)	
Total amount requested	

This question may be optional, please read carefully.

8. If any activity planned is for a publication, please complete the following chart:

Specific Materials Needed	Amount in \$
Total amount requested	

9. What is the financial contribution of each member participating in these activities?

\$ _____

10. What is the monetary contribution of the Organization to the activities? \$ _____

11. How much is your department contributing to help meet the financial needs for the activities planned? \$ _____. If this figure is nil, explain: _____

12. How many individuals are planning to actively participate in this activity, and are not currently students of Concord College? _____

13. What is the expected distribution of students that are taking part in this activity?

Freshmen		Sophomore	
Junior		Senior	
Graduates		TOTAL NUMBER	_____

Answer the following questions in additional pages and attach them with your application. Please limit your response to one (1) page per question. Responses should be typed, if not please hand write legibly.

14. How will your activity benefit the entire campus?

15. What fund raising attempts has your organization made in the past year? Please report profits and losses, and how they are going to affect the project you are asking the SGA to financially support.

**** ANY ADDITIONAL SUPPORTING MATERIALS ARE ENCOURAGED.
PLEASE INDICATE QUESTION NUMBER THAT THE MATERIAL PERTAINS TO.**

We, _____ (PRINT name of organization) agree to the following.

1. Any funds allocated will be used solely for the purpose stated.
2. The SGA budgetary Committee has the right to review the organizations financial standings.
3. The organization shall bear all responsibility for completing all paper work (including receipts and travel documents) with the committee following the activities that received money from SGA.
4. Any unused funds shall revert back to the SGA after _____. (ask Business Manager for date)
5. The organization has read and understands the SGA Allocation Policies and Procedures governing the allocation of funds.
6. All statements presented in this document are factual.

Please Sign below for SGA Budgetary Committee to review application.

Faculty Advisor: Signature _____ Name _____ (please PRINT).

Organization President: Signature _____ Name _____ (please PRINT).

