

**UNIVERSITY OF MISSOURI-KANSAS CITY
STUDENT GOVERNMENT ASSOCIATION
2013-2014 EVENT REQUEST BUDGET FORM COVER SHEET
COMPTROLLER MAKAYLA MASLANKA**

NAME OF STUDENT ORGANIZATION: _____

NAME OF PERSON SUBMITTING BUDGET: _____

TELEPHONE: (H): _____ (W): _____ E-MAIL: _____

MAILING ADDRESS: _____

WHICH APPROPRIATIONS MEETING WILL YOU BE ATTENDING? _____

**THIS MEETING MUST BE ATTENDED A MINIMUM OF THREE WEEKS
BEFORE YOUR PROPOSED ACTIVITY.**

GENERAL PURPOSE OF ORGANIZATION:

**HAS YOUR ORGANIZATION ATTENDED A STUDENT ORGANIZATION WORKSHOP PRESENTED
BY THE STUDENT LIFE OFFICE STAFF? _____ DATE ATTENDED: _____** (information
may be obtained from the Student Life Office, G-6 University Center)

DID YOUR ORGANIZATION RECEIVE FUNDING FROM ANY OTHER SOURCE (Primary Council, Co-
Sponsorships, etc)? _____

NUMBER OF UMKC STUDENT MEMBERS IN YOUR ORGANIZATION: _____

NUMBER OF NON-STUDENT MEMBERS IN YOUR ORGANIZATION: _____

ARE ANY OF THE OFFICERS IN YOUR ORGANIZATION NON UMKC STUDENTS? _____

DOES YOUR STUDENT ORGANIZATION FALL UNDER AN ACADEMIC STUDENT COUNCIL?
YES NO (Circle One)

IF YES (Complete Below) IF NO (Move on to next page)

PLEASE NOTE:

Any UMKC organization, which falls under an academic school council, must first approach their school council for funding from council funds. A Student Council Executive Officer must sign below prior to submitting this form to the SGA Appropriations Committee. Applications will not be considered complete unless the signature appears below.

DID YOU RECEIVE ANY FUNDS: YES NO (Circle One)

IF YES, HOW MUCH ALLOCATION WAS EARMARKED TOWARDS THIS ACTIVITY? _____

IF NO, WHAT REASON WAS GIVEN? _____

SIGNATURE OF SCHOOL COUNCIL EXECUTIVE OFFICER: _____

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2012-2013 EVENT REQUEST BUDGET FORM COVER SHEET**

HELPFUL INSTRUCTIONS

If you are receiving funding from another source make sure to line item how the funds will be utilized. **Do not include this allocated funds from other sources in the amount you are requesting from SGA.**

The SGA Appropriations Committee needs to know about all the funds you have for an event and where it is going to specifically. In addition, if this is a co-sponsorship make sure that each organization has all sheets filled out completely and make sure the money requested has a specific purpose. Each organization in a co-sponsorship does not have to ask for the same amount of money. The amount requested from SGA should be determined by what that particular organization is going to be responsible for.

This request form must be turned in **electronically 5pm the Monday before the appropriations meeting** you wish to attend; you must also turn this request in minimally 3 weeks prior to the date of your event/program. If you have any questions, feel free to contact the **SGA Comptroller, Makayla Maslanka (umkcsgacomptroller@umkc.edu)**

NAME OF PROGRAM/EVENT: _____

BRIEF DESCRIPTION OF THE PROGRAM/EVENT: _____

**** ON A SEPARATE SHEET OF PAPER EXPLAIN IN DETAIL WHAT WILL OCCUR AT EVENT FOR WHICH YOU ARE REQUESTING FUNDS. IF POSSIBLE, ATTACH A PROGRAM ITINERARY FOR EACH EVENT**

DATE OF EVENT: _____ **LOCATION & TIME:** _____

DOLLAR AMOUNT REQUESTED FROM SGA APPROPRIATIONS: \$ _____

HOW MANY YEARS HAS THIS EVENT TAKEN PLACE? _____

IS THIS REQUEST FOR FUNDING OR FOR A LOAN? _____

ARE YOU ADVERTISING OFF CAMPUS? YES NO (Circle One)

IS THIS A CO-SPONSORSHIP WITH APC? YES NO (Circle One)

IF IT IS A CO-SPONSORSHIP WHO IS THE PRIMARY CONTACT PERSON? _____

NUMBER OF UMKC STUDENTS YOU EXPECT TO ATTEND YOUR EVENT _____

NUMBER OF NON-STUDENT MEMBERS YOU EXPECT TO ATTEND YOUR EVENT _____

TOTAL YOU EXPECT TO ATTEND YOUR EVENT: _____ Explain why you think the number of participants listed will attend: _____

IF THE EVENT HAS TAKEN PLACE BEFORE ANSWER THE FOLLOWING QUESTION.

HOW MANY PEOPLE ATTENDED LAST YEAR? _____

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2011-2012 EVENT REQUEST BUDGET FORM COVER SHEET**

BUDGET BREAK DOWN (be as specific & detailed as possible)

Honorarium/Contract Fee: \$ _____

Description:

Food/Catering: \$ _____

Description:

Supplies/Materials: \$ _____

Description:

Advertising: \$ _____

Description:

Rental: \$ _____

Description:

Copies/Programs: \$ _____

Description:

Misc. Expenses: \$ _____

Description:

TOTAL \$ _____ *(Must equal amount listed above)

ADVISOR SIGNATURE: _____

**PLEASE MAKE SUFFICIENT COPIES OF PAGES 2 & 3. EACH EVENT REQUEST MUST BE
IN A SEPARATE FORM. PLEASE ALSO PROVIDE AN ELECTRONIC COPY OF THIS
REQUEST TO UMKCSGACOMPTROLLER@UMKC.EDU. THANK YOU.**