

**SPECIAL FUNDING COMMITTEE (SFC)
Application for Funding**

THIS FORM MUST BE TYPEWRITTEN FOR FUNDING CONSIDERATION

Please review the Special Funding Committee Guidelines before filling out this application.

Applying Organization: _____

Officers: Name: _____ Email: _____
 Address: _____ Phone: _____

 Name: _____ Email: _____
 Address: _____ Phone: _____

 Name: _____ Email: _____
 Address: _____ Phone: _____

Advisor Name: _____ Phone: _____

Advisor Signature: _____

Organization's Banner Fund Number: _____

Summary of the Use of Funds:

Funding Required: _____ **GRANT** or _____ **LOAN** (Please check one). SFC has the option to change grant requests to loans or loan requests to grants.

- A. Total Cost of Project (from Page 2) \$ _____
- B. Less: Total of Other Funds Contributed (from Page 2) \$ _____
- C. Total Funding Required from the SFC \$ _____

Cost Benefit Calculation:

- D. Expected number of students to benefit* _____
- E. SFC funding per student (C/D) = E \$ _____

DO NOT WRITE BELOW THIS LINE

SFC Decision

- YES - GRANT**
- YES - LOAN**
- NO**

Amount Approved \$ _____

*The basis of this projection should be fully presented in the Project Analysis

COMPUTATION SHEET

Itemization of Costs: Please do not use the term “miscellaneous.”

		\$ _____
1. _____		\$ _____
2. _____		\$ _____
3. _____		\$ _____
4. _____		\$ _____
Total Project Cost (Must match Line A on page 1)		\$ _____

Itemization of Other Funding:

1. <u>Organization's Contribution</u>		\$ _____
2. <u>Anticipated Ticket Sales revenue (if applicable)</u>		\$ _____
How will the revenue be used? _____		
3. _____		\$ _____
4. _____		\$ _____
Total of Other Funds (Must match Line B on page 1)		\$ _____

PLEASE ITEMIZE **ALL** SOURCES OF COSTS AND FUNDS

- A. How many students are in your organization? _____
- B. How many are active members? _____
- C. Give a brief description of your organization and its goals. _____

- D. Does your organization have **quarterly** or **yearly** dues? If so, how much are the dues?
_____ \$ _____
- E. Does your organization have an on-campus student account? No___Yes___ If so, how much is in the account? _____
Does your organization have an off-campus student account? No___Yes___ If so, how much is in the account? _____
- F. What type of fund-raisers does your organization sponsor or have sponsored for organization contribution?
- G. Has your organization been before SFC in the past? ___ **Yes** or ___ **No**
- H. Has your event been reviewed by the Student Activities? _Yes_ No_____

I. Project Analysis: (This analysis should include but not be limited to a presentation of who is to benefit, the type of benefit derived, a timeline for the expenditure of the funds, a timeline for preparing the project, an examination of efforts expended in seeking other funding, as well as any other information which might influence the SFC decision.)

**Return this application to Carolyn Smith, Office of the Vice President for Student Affairs
360 University Hall, and make an appointment to meet with the Special Funding
Committee.**