

Application for Funding  
Concord University SGA

Fall \_\_ Spring \_\_ 20\_\_

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Is your organization represented in the Student Senate? Yes \_\_\_ No \_\_\_

Was your organization represented in the Student Senate last semester? 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 you are requesting this semester? \_\_\_\_\_
5. Complete the chart below titled "Activity Details"

Activity Details (please be specific)	Amount in \$
<b><u>Total Amount Requested</u></b>	<b>**</b>

\*\* This figure must be equal to 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. How many nights do you need to pay for lodging? \_\_\_\_\_
  - e. How many rooms will you be renting? \_\_\_\_\_
  - f. 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 organized that event? \_\_\_\_\_  
 When was that event arranged? \_\_\_\_\_
  - c. What are your reasons for bringing this speaker to Concord?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

This question may be optional, please read carefully.

- 8. If any activity is planned 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 University? \_\_\_\_\_
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 fundraising attempts has your organization made 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 WHICH QUESTION NUMBER THE ADDITIONAL MATERIALS PERTAIN TO. \*\***

We, \_\_\_\_\_ agree to the following.

(Print name of Organization)

1. Any funds allocated will be used solely for the purpose attached.
2. The SGA Budgetary Commission has the right to review the organizations financial standings.
3. The organization shall bear all responsibility for completing all paperwork (including receipts and travel documents) with the committee following the activities that received money from SGA.
4. Any unused funds should revert back to the SGA after \_\_\_\_\_. (ask Business Manager for date)
5. The organization has read and understands the SGA Budgetary Request Rules governing the allocation of funds.
6. All statements in this document are factual.

**Please sign below for the SGA Budgetary Commission to review your application.**

Faculty Advisor: Signature \_\_\_\_\_

Name: \_\_\_\_\_ (please print)

Organization President: Signature \_\_\_\_\_

Name: \_\_\_\_\_ (please print)