

EVENT PROPOSAL & FUNDING REQUEST

*Be sure to complete both pages!

GENERAL EVENT INFORMATION

Name of Organization:	
Event Name:	
Event Location:	
Event Date:	
Event Time:	
Target Audience: (check all that apply)	<input type="checkbox"/> Seaver <input type="checkbox"/> SOL <input type="checkbox"/> GSBM <input type="checkbox"/> GSEP <input type="checkbox"/> SPP <input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Alumni <input type="checkbox"/> Guests <input type="checkbox"/> Donors
Projected Attendance:	
Event Description:	
Co-sponsoring Organization(s)?	
How does this event support your organization's mission?	
How will you define success in this event?	
If your event conflicts with any existing events on the Student Life or University Calendars, please list those here with an explanation for why you would still like to schedule your event with this date/time:	
Advisor or Staff Member who will be present at the event:	
Primary Event Contact Person:	
Contact Phone Number:	
Contact Position within Organization:	

FINANCIAL DETAILS

Total Cost of Event:	
Amount & Source of Other Funds Raised:	
Amount & Source of Revenue Expected:	
Total Amount Requested:	
Expenditure Amount:	
Expenditure Description:	
Expenditure Category:	<input type="checkbox"/> Food <input type="checkbox"/> Advertising <input type="checkbox"/> Speaker/Instructor Fee <input type="checkbox"/> Transportation <input type="checkbox"/> Supplies <input type="checkbox"/> A/V Needs <input type="checkbox"/> Other: _____
Expenditure Amount:	
Expenditure Description:	
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