

# EMERGENCY FUNDING FORM

Neatly print or type information for this form and attach additional paper as necessary.  
Proposals must be submitted at least **14** days in advance of the program.

## Section A: General Organization Information

Name of Organization:

Quarter Applying for Funding: (circle one)    Fall    Winter    Spring    Year: 200\_\_\_\_\_

Main Contact Person Name: \_\_\_\_\_ Position: \_\_\_\_\_

Main Contact Phone: \_\_\_\_\_ Main Contact Email: \_\_\_\_\_

Secondary Contact Person Name: \_\_\_\_\_ Position: \_\_\_\_\_

Secondary Contact Phone: \_\_\_\_\_ Secondary Contact Email: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

Advisor Phone: \_\_\_\_\_ Advisor Email: \_\_\_\_\_

Number of members involved in organization: \_\_\_\_\_ Organization account number: \_\_\_\_\_

Are dues charged for your organization?    Yes    No    If yes, how much? \_\_\_\_\_

Purpose of Organization:

Please write a description of the programming history of your organization (i.e: events planned in the past, targeted audience, collaboration with other groups):

Is your organization currently funded by another organization on campus?    Yes    No  
If yes, which organization and how much?

## Section B: Letter to SAC

Attach a detailed letter explaining the extenuating circumstances behind the program, specifically stating why your organization was unable to apply for quarterly funding for this program.

## Section C: Emergency Funding Program Request Information

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

Program Title: \_\_\_\_\_

Date: \_\_\_\_\_, 200\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Co-Sponsoring Groups (if any): \_\_\_\_\_

Has your organization planned this program during previous quarters?    Yes    No

Description of Proposed Program:

Objectives of the Program:

- 1.
- 2.
- 3.

Who is your targeted audience?

How do you plan to publicize your event?

Do you have funding or donations from another source for this program?

1. \_\_\_\_\_                      \$\$\$ \_\_\_\_\_
2. \_\_\_\_\_                      \$\$\$ \_\_\_\_\_
3. \_\_\_\_\_                      \$\$\$ \_\_\_\_\_

## Projected Expenses of the Program:

- Attach additional information as necessary -

Program Item:	<u>Total Program Expense:</u>	<u>Amount asking for SAC funding:</u>
<b>Equipment or Facility Rental:</b>		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>Food, Refreshments, Utensils, Others:</b>		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>Marketing: (Refer to SAC PAC for Post &amp; ACRN Ads)</b>		
- Post Ads: (Choice _____ x _____ #) <small>* See Page 7 of SAC PAC</small>	\$ _____	\$ _____
- Radio Ads: (Choice _____ x _____ #) <small>* See Page 7 of SAC PAC</small>	\$ _____	\$ _____
- TV Ads:	\$ _____	\$ _____
- Flyers ( _____ # x \$ 0.____ )	\$ _____	\$ _____
- Posters ( _____ # x \$ 0.____ )	\$ _____	\$ _____
- Other:	\$ _____	\$ _____
<b>Speaker/Performer Fees:</b>		
- Honorarium (as per contract):	\$ _____	\$ _____
- Travel expense:	\$ _____	\$ _____
- Lodging:	\$ _____	\$ _____
- Food:	\$ _____	\$ _____
- Other:	\$ _____	\$ _____
<b>Miscellaneous:</b>		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>GRAND TOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>

**BY SUBMITTING THIS FUNDING PROPOSAL, OUR ORGANIZATION AGREES TO:**

1. Abide by all SAC Rules & Procedures;
2. Return to SAC any funds which are found to be improperly spent or unused;
3. Indicate in promotional materials that the program was partially funded by SAC.

\_\_\_\_\_  
Signature of Contact Person for Organization

\_\_\_\_\_  
Signature Date