

# 2019-2020 CAB Event/Promotional Item Funding Request

### Instruction Checklist:

- All applications must be typed and include original signatures. Emailed requests will only be accepted if the scanned copy also includes original signatures. E
  Signatures will not be accepted.
  Fill out the application in its entirety. Do not turn in pages that have been left
  - Fill out the application in its entirety. Do not turn in pages that have been left blank.
- Applications must be submitted at least 2 weeks prior to event date to the appropriate campus Student Life Office by the due date announced prior to the CAB Meeting.
- SPECIAL NOTE: If granted funding for a program/event, the Post Evaluation questionnaire must be completed no later than 10 business days. Failure to turn in Post Evaluation can/will result in your organization being denied for future funding.

| Applicant Information                 |                         |  |
|---------------------------------------|-------------------------|--|
| Applicant Name:                       | Applicant Role:         |  |
| Applicant Email:                      | Applicant Phone Number: |  |
| Organization Information              |                         |  |
| Recognized Student Organization Name: |                         |  |
| Advisor Name:                         | Advisor Email:          |  |



| Event/Program Information                              |  |  |
|--|--|--|
| Event/Program Name:                                    |  |  |
| Date(s) of the Event:                                  |  |  |
| Location (Campus, Building, and Rm):                   |  |  |
| Amount Requested:                                      | Estimated Attendance:                      |  |
| Detailed description and purpose of the Event/Program: |  |  |
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| Event/Program Information                              |  |  |
| Has your Department/Unit/Student Organizat             | ion put on this Event/Program in the past? |  |
| ☐ Yes  | □ No                                       |  |
| If yes, please answer the following questions          |  |  |
| Date:  |  |  |
| Location:  |  |  |
| Total Attendance:                                      |  |  |



# Proposed Event/Program Student Learning Outcomes and Impact Who is the target audience of the Event/Program? What will be learned at the Event/Program? What program, activity or service will be provided? Describe the club/group mission and how it relates to the event.



| Promotional Items  |  |
|--|--|
| What type of promotional items is the organization trying to purchase?   |  |
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|  |  |
|  |  |
| What will these promotional items be used for? (Please note promotional items purchased by CAB must be used for current students only due to the funds be collected from current students only!) |  |
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|  |  |
| If Student Organization/Club, are these items for members only?  |  |
|  |  |
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|  |  |
|  |  |
| Have you purchased these items before? If so, do you have any of the items left over from last year?   |  |
|  |  |
|  |  |
|  |  |



### **Projected Budget Summary**

List all expenses being requested (attach additional page if necessary)

Any equipment valuing \$50.00 or over approved and purchased through CAB must be housed and checked out through the Office of Student Life.

Any approved but unused promotional items that do not have the logo or name of a recognized student organization must be returned to the Office of Student Life.

| recognized student organization must be re |            |
|--|------------|
| Food                                       | Amount: \$ |
| Speaker Fee                                | Amount: \$ |
| Prizes                                     | Amount: \$ |
| Transportation                             | Amount: \$ |
| Registration Fees                          | Amount: \$ |
| Other                                      | Amount: \$ |
| Total Expenses                             | Amount: \$ |

- Required: I have attached all applicable quotes. Including quotes for food, decorations, entertainment, guest speakers and any items requested.
- □ I understand that if my request is approved only the items listed and approved in the CAB proposal will be purchased. Alternative items will need to go through a new proposal to the College Activity Board.
- □ I understand this is a REQUEST for funding that may/may not be approved.
- □ I understand if my request is denied but I have made financial commitments and/or have outstanding balances to vendors, I am responsible for vendor payment.

<sup>\*</sup>Please note any request approved does not cover incidentals/unexpected expenses.\*



# <u>Signatures</u>

## Preparer of CAB Application

| By signing below, I certify that I have reviewed and support the following CAB funding |
|--|
| request.   |
| Printed Name:  |
| Signature:   |
|  |
| Organization President/Student Representative (Required if Student Organization/Club)  |
| By signing below, I certify that I have reviewed and support the following CAB funding |
| request.   |
| Printed Name:  |
| Signature:   |
| Organization Advisor (Required if Student Organization/Club)                           |
| By signing below, I certify that I have reviewed and support the following CAB funding |
| request.   |
| Printed Name:  |
| Signature:   |