

Student Government Association Special Fund Request Form Prove It! Fund

“So, you have a great idea? Here is your chance to PROVE IT!”

Attention Applicant:

Applications must be submitted at least **four** weeks prior to your event/program/initiative. No exceptions will be made. Your organization must be in good financial standing in order to apply. If the event evaluation is not submitted after your event, you will **not** receive the grant. For questions, contact SGA Attorney General Mark Droter at mdrote1@students.towson.edu.

Date Submitted: ____ / ____ / _____

Student / Student Organization: _____

Contact Information:

Name: _____ Telephone number: (____) - _____ - _____

E-mail address: _____

Mailing address: _____

Street City State Zip

Name of advisor (if applicable): _____ Telephone number: (____) - _____ - _____

E-mail address: _____

Event Information (if applicable):

Name of the program/event: _____

Program date: ____ / ____ / _____ Program time: ____ : ____ a.m. / p.m.

Location of the event: _____

Target audience: _____ Anticipated attendance: _____

List all co-sponsoring organizations and departments: _____

--OR--

Initiative Information (if applicable):

Title of Initiative: _____

Start date: ____ / ____ / _____ End date: ____ / ____ / _____

Start time: ____ : ____ a.m. / p.m. End Time: ____ : ____ a.m. / p.m.

Location _____

Target audience: _____

List all co-sponsoring organizations and departments: _____

****Please attach to this application a typed detailed description of the event, its purpose, and how it will positively affect Towson’s campus. Please include any additional information that may help the committee come to a recommendation.**

Applications missing this information will not be reviewed**

Budget Breakdown:

Attention Applicant:

Under each category please provide a detailed breakdown of what the money requested is being used for (example: soda, flyers, a speaker, tech crew...) and the individual projected prices. Then please provide the total projected expense and the amount you are requesting for each category followed by the total amount you are requesting. For questions regarding the financial section of this application please contact SGA Treasurer Darryl Glotfelty at dglotf1@students.towson.edu.

General List of Expenditures (attach additional sheets if necessary)	Total Projected Expense	Amount requested
Talent (This includes but is not limited to a speaker, a band, etc.) - \$ _____ - \$ _____ - \$ _____	\$ _____	\$ _____
Publicity (This includes but is not limited to flyers, ads, etc.) - \$ _____ - \$ _____ - \$ _____	\$ _____	\$ _____
Refreshments (Reminder: Any on-campus catering must be provided by Chartwells Catering; 410-704-2302.) - \$ _____ - \$ _____ - \$ _____	\$ _____	\$ _____
Equipment (Please contact Events and Conference Services for pricing and set-up; 410-704-2315.) - \$ _____ - \$ _____ - \$ _____	\$ _____	\$ _____
Miscellaneous Expenses (This includes items essential to your event that do not fit into an above category.) - \$ _____ - \$ _____ - \$ _____	\$ _____	\$ _____
Total Amount Requested		\$ _____

****Please attach to this application detailed research and documentation of all expenditures. Applications missing this information will not be reviewed****

Have you received or applied for funding from another source for this event? [] Yes [] No

If yes, state the amount and please explain the donation and/or partnership: Amount: \$ _____ . _____

Requestor's Printed Name

Date

Requester's Signature

*Facilities must be reserved in advance. You may reserve event locations online through Events and Conference Services at: <http://fusion.towson.edu/www/facilityreservations/>

**** Please return completed forms, the typed event description, documentation of expenditures, and a copy of your room reservation confirmation to the Student Government Association, UU 226; attn: Attorney General****

Prove It! Fund Checklist

Student / Student Organization: _____

Program / Event / Initiative Title: _____

- Application is received at least four weeks prior to event or project
- Program/event/initiative is open to the entire campus community
- Only one event is requested per group/person (per semester)
- No alcohol is served or purchased at event
- Event is free of charge for all members of the TU community
- Event is not a fundraising event for student groups unless funds are given to a charity
- Program/event/initiative abides by TU policies, federal, state and local laws
- Application includes and explains all costs for the program/event/initiative
- Food costs do not exceed 25% of the total funding request
- All program/event/initiative advertising says: "Co-Sponsored by the Prove It! Fund"
- All advertising stresses that this event is open to all TU students
- Program evaluation is submitted within one week of completion of the program/event/initiative

REMINDER:

The Prove It! Fund has an annual budget. Once the entire budget is allocated, the fund may not be replenished until the next academic year. For this reason, and for the high number of applications that the Prove It! Committee receives, requests may not be fully funded. Every request will be reviewed and processed by the committee. Please remember that the Prove It! Fund is intended to supplement an event and not serve as a full budget.

FOR COMMITTEE USE ONLY:

Application was received on ____/____/____ Application was received at: _____:_____ a.m. / p.m.

Amount Allocated to program/event/initiative: \$ ____ . ____ Has a room reservation been confirmed? [] Yes [] No

NOTES:

Prove It! Fund Program Evaluation Form

Attention Applicant:

Event Evaluation is due within **one week** of event. Attach advertisements, Towerlight articles, or related publicity items. If items are not attached, funding will not be transferred to your group's account. All publicity must say "Co-Sponsored by the Prove-It! Fund."

Student / Student Organization: _____

Program / Event / Initiative Title: _____

Event Logistics:

Program date: ____/____/____

Program time: ____:____ a.m. / p.m.

Location: _____

Total Attendance: _____

Contact Person: _____

Telephone number: (____) - ____ - ____

E-mail address: _____

Budget Breakdown (please provide the final amount spent in each of the following areas and the total):

Talent:	\$ _____ . _____
Publicity:	\$ _____ . _____
Refreshments:	\$ _____ . _____
Equipment:	\$ _____ . _____
Miscellaneous:	\$ _____ . _____
TOTAL:	\$ _____ . _____

Funding received from others (attach additional sheets if necessary):

Source 1: _____	Total: \$ _____ . _____
Funds used for: _____	

Source 2: _____	Total: \$ _____ . _____
Funds used for: _____	

Promotional Methods Used (please describe all event promotion done through flyers, Towerlight, etc.):

- 1) _____
- 2) _____
- 3) _____

Was this program successful? [] Yes [] No Would you recommend repeating this program? [] Yes [] No

Was the "Prove It!" Fund helpful in planning and completing your program? [] Yes [] No

****If you answered NO to any of these questions please provide a brief description as to why on another sheet****