

Cabinet Funding Request

This fund is used for educational programs only.

A representative of the group submitting the request must be prepared to attend each meeting in which the request will be presented to respond to inquiries from the reviewing group. If a representative is not present, the request will not be reviewed.

Name of group/organization: _____

Name of event: _____

Purpose of event: _____

Date: _____ Day of the week: _____ Time: _____

Location: _____

Name(s) of event presenter(s) and/or organizer(s): _____

Are there any other campus agencies, organizations, or groups sponsoring or participating? (circle one)

YES NO If yes, explain: _____

Amount of money being requested: _____

You must attach a detailed budget showing how the money will be spent.

How will advertising be handled? _____

Number of residents expected to attend: _____

Submitted by: _____

Phone number: _____

Date of request: _____

E-mail address: _____

Association Vice President of Finance signature: _____

Date: _____

Cabinet recommendation: _____

Cabinet vote: _____

Date: _____

Cabinet Chair signature: _____

Date: _____

Date of transfer: _____

ARH Vice President of Finance signature: _____

**All proposals must be finalized prior to presentation to the Cabinet.
You must attach a detailed budget to your request.**