

Sponsoring Club/Group: _____

Student Representative Name: _____ Student Representative Signature: _____

Sponsor Name: _____ Sponsor Signature: _____

Description of Fundraiser	
Purpose of Fundraiser: 	
Duration of Fundraiser: _____	Method of Fundraising: _____
Monetary Goal: _____	Target Audience: _____
Total Cost: _____ Funding provided by Club/Group: _____ Funding requested of SGA: _____	
Will the start-up funds be returned after the fundraiser? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Financial Management <i>(All fundraising requires the use of a college agency account to handle finances)</i>
Does the club/group have an agency account? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide index number: _____
If no, select an option: <input type="checkbox"/> Open an agency account <input type="checkbox"/> Use a campus agency account

****If the fundraiser includes tabling or an event, please complete the following Fundraising Activity Request.****

Fundraising Activity Request <i>(Attach itemized budget and additional documentation as directed)</i>	
Activity: _____	Date(s): _____
Time(s): _____	Location(s): _____
Description of Fundraising Activity: 	

Note: If clubs/groups are requesting funds from SGA when they already have funds in an agency account, a budget breakdown must be attached explaining the intended allocation of those funds.

Student Government Association President	Date
Student Life Coordinator	Date
Associate Provost	Date
Provost	Date
Vice President, Operations	Date
Vice President, Academic Affairs/Chief Learning Officer	Date