

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