

## Request for Funding from Student Activity Fee Committee

This request will be reviewed by the Student Activity Fee Committee.

***You must submit the request for funding by the posted date on the website. Please email it to [studentact@com.edu](mailto:studentact@com.edu) or deliver a hard copy to the Director of Student Life at the Gym Building 4.***

### General Information

Name of Person or Organization making this request:

Type of request:

Brief description of request:

Propose date, time, location (if applicable):

Target audience:

Number of anticipated participants:

What is the goal of this event or project and how will this benefit the students?

Which strategic goal/annual priority does this relate to? The College's 2018-2023 Strategic Goals, Mission, Vision, and Values may be found at <https://www.com.edu/about/mission.html>

Will this event use outside vendor? If so, who?

*This form will not be considered unless a funding worksheet is attached to it when submitted to the Student Activity Fee Committee. Both forms may be obtained from the Student Activity Fees webpage at [www.com.edu/student-activity-fees.html](http://www.com.edu/student-activity-fees.html)*

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*Signature*

*Department/Organization*

*Date*



## Student Activity Fee Committee Funding Worksheet

Date:

Name of Person or Organization making this request:

Type or name of request:

Registration Cost: \_\_\_\_\_

Food Cost: \_\_\_\_\_

Marketing Cost: \_\_\_\_\_

Guest Speaker/Presenter: \_\_\_\_\_

Conference/ Activity Materials: \_\_\_\_\_

Media Services: \_\_\_\_\_

Décor: \_\_\_\_\_

Off-Campus Venue: \_\_\_\_\_

Hotel: \_\_\_\_\_

Flight(s): \_\_\_\_\_

Ground Transportation (include rental vehicle,  
shuttle, taxi, tolls, etc.): \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

**Total Expenses:**

Other funding source

Name:

Amount:

**TOTAL AMOUNT TO BE  
REQUESTED:**

*You will be contacted with a decision within 10 business days of the Committee's meeting.*

\*Once written approval is received, the requestor is responsible for carrying out the request.

Approved\*       Denied       Pending, need additional information

Committee Comments:

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*Member of Student Activity Fee Committee Signature*

*Date*