

# UHMC ACTIVITY REQUEST FOR FUNDING

Student Government Council / Student Activities Council Form

Name of Requesting Organization: \_\_\_\_\_

Contact Person(s)\* \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

\* Notification of award will be directed to this person.

Name of Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_ Time of Activity: \_\_\_\_\_

Location of Activity: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

**Please attach an outline of your action plan for the activity, including timetable, tasks, deadlines, and individuals responsible for the event, etc.**

How will this activity benefit the general population of the campus and community?

Any Co-Sponsoring Organization(s): \_\_\_\_\_

Are Co-Sponsoring Organization(s) contributing funding                      Yes                      No

If yes, how much? \$ \_\_\_\_\_

Are you charging admission?              Yes              No              If yes, admission price: \$ \_\_\_\_\_

Do you expect any profits?              Yes              No              If yes, expected profit: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Contact Person/Date

\_\_\_\_\_  
Signature of Advisor/Date

# UHMC ACTIVITY BUDGET ESTIMATION WORKSHEET

Student Government Council / Student Activities Council Forms

Name of Vendor: \_\_\_\_\_

Organizer: \_\_\_\_\_

\*Please include a quote if possible

Method of Payment (Purchase Order)	Source/Description	Quantity	Unit Price	Amount
Comments: Cash tips to vendors are <b>not</b> allowed			<b>Sub-total</b>	
			Shipping	
			Handling	
			Tax: 4.166%	
			<b>Total Request</b>	

\_\_\_\_\_  
Signature of Contact Person Organizer Date