Application For Program Funds
Please Type or Print Clearly

________________________________________
Name of Event

________________________________________
Date of Event

________________________________________
Name of Contact Person/Title

________________________________________
Signature of Contact Person

________________________________________
Contact Person Email Address

________________________________________
Amount being Requested: $__________

________________________________________
Advisor/Phone #

List sources of funding: (SA – Student Association, CAS – College Auxiliary Services, State – Department, CF – College Foundation, or RF – Research Foundation)

1. _________ $ _________ _____Pending _____ Confirmed
   (Source)       (Amount)

2. _________ $ _________ _____Pending _____ Confirmed
   (Source)       (Amount)

3. _________ $ _________ _____Pending _____ Confirmed
   (Source)       (Amount)

4. _________ $ _________ _____Pending _____ Confirmed
   (Source)       (Amount)

5. _________ $ _________ _____Pending _____ Confirmed
   (Source)       (Amount)

6. _________ $ _________ _____Pending _____ Confirmed
   (Source)       (Amount)

Deposit funds to: ________________________________
   (SA/CAS/State/CF/RF)                    (Account Number)

• An account MUST BE setup with: SA, CAS, State, College or Research Foundation before request is submitted to the Office of the President.
• Requests MUST be submitted at least 3 weeks prior to the date the program funds are needed.
• Return application to: Office of the President, 159 Hawkins Hall, SUNY Plattsburgh, 101 Broad Street, Plattsburgh, NY 12901
I. **Summary Description of the Event**
   A. Please describe the event: ______________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________

   B. How will it benefit the campus community? ____________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________

   C. Is the event open to all members of the campus community? ____Yes ____No

   D. Is the event open to the public?         ____Yes ____No

   E. How does the event relate to the objective of the sponsoring group?
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________

   F. How many people are expected to participate?  _________

   G. Did you sponsor this event in the past?     ____Yes  ____No
      If yes, please indicate the approximate number of people attending: _________
      Total estimated cost of the event: _____________________

   H. Have you received Special Programming Funds from the Office of the President for previous events?
      ____Yes       ____No
      If yes, please indicate:
      Year(s): ____________________________________________________
      Amount(s) awarded: __________________________________________
      Name of Event: ______________________________________________

   I. Provide a brief description of promotional efforts: ______________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________

II. **Additional information that you believe will help the committee evaluate your request** (such as event itinerary, promotional announcements, and event program)
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
III. **Budget Summary**

A. **Itemized List of Expenses:**
   (Specify in detail all expenses that will be incurred as part of the event)

<table>
<thead>
<tr>
<th>Description of Expense</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
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<tr>
<td><strong>Total Expense (A)</strong></td>
<td>$</td>
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</tbody>
</table>

B. **Revenue**

<table>
<thead>
<tr>
<th>Description of Revenue</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Admission/Participant Fee (if any)</td>
<td>$</td>
</tr>
<tr>
<td>Funds from your original budget</td>
<td>$</td>
</tr>
<tr>
<td>Additional sources of financial support</td>
<td>$</td>
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<tr>
<td>Total Revenues- other than President’s Special Programming Funds</td>
<td>$</td>
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</tbody>
</table>

C. **Summary**

<table>
<thead>
<tr>
<th>Total Request</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Expenses (A)</td>
<td>$</td>
</tr>
<tr>
<td>Total Revenues (B)</td>
<td>$</td>
</tr>
<tr>
<td>Total Request (A minus B)</td>
<td>$</td>
</tr>
</tbody>
</table>

________________________  _______ ____________________
Signature        Date