



CORES/COPS Funding Application

Fall 2018 – Spring 2019

APPLICATIONS MUST BE TYPED

*** PLEASE READ THE INSTRUCTION PACKET BEFORE FILLING OUT THIS APPLICATION ***

Name of Organization:

Date of Project/Conference/ Event :

Total Amount Requested:

Contact Person:

Telephone:

Address:

E-mail:

What is the purpose of this organization?

How much money does your organization have at this time in all accounts held by the organization?
Toward what projects or expenditures is it currently budgeted?



Please provide a detailed description of your intended project that you are requesting funding for:

(Be sure to include what are the purpose and goals of the event; Audience and attendance expected; a timeline of the event. If you need more space please write in a word doc and attach it to your submission.)

How will this project benefit MSU Undergraduate students?



PROJECT TYPE (Complete only one) :

PROGRAM/ EVENT

Name of event:

Date:

Co-Sponsors:

Location:

Time:

CONFERENCE/ TRIP

Name of Conference:

Date:

How were attendees selected:

Location:

Number:

Project Costs and Financial Information

CONTRACT SERVICES

	Name	Quantity	Cost Each	Total Cost	Item Info:
Speaker Fees					
Artist Fees					
DJ					
Rental Fees					
IPF/ Phys. Plant					
MSU Police					
Other:					
Other:					

CONTRACT SERVICES Total = _____



EQUIPMENT

	Name	Quantity	Cost Each	Total Cost	Item Info
	Athletic Equipment				
	Sound Equipment				
	Light Equipment				
	Props				
	Tools				
	Other:				
	Other:				

EQUIPMENT Total = _____

SUPPLIES

	Name	Quantity	Cost Each	Total Cost	Item Info
	Office Supplies				
	Subscriptions				
	Decorations				
	Other:				
	Other:				

SUPPLIES Total = _____

PROMOTION

	Name	Quantity	Cost Each	Total Cost	Item Info
	Flyers				
	Posters				
	State News Ad Size (x				
	Other:				
	Other:				

PROMOTION Total = _____



HOSPITALITY

	Name	Quantity	Cost Each	Total Cost	Item Info
Travel Type:					
Lodging					
Registration Fees					
Meals					
Catering					
Other:					

HOSPITALITY Total = _____

PRINT

	Name	Quantity	Cost Each	Total Cost	Item Info
Print Cost					
Delivery Fee					
Other:					

PRINT Total = _____

OTHER EXPENSES

	Name	Quantity	Cost Each	Total Cost	Item Info
T-shirts and Hoodies					
Snacks/ Bonfire					
Speaker Gifts					
Strength Assessment					

OTHER Total = _____



TOTAL PROJECT COSTS

<u>Category</u>	<u>Total Cost</u>
Contract Services	
Equipment	
Supplies	
Promotion	
Hospitality	
Print	
Other	

TOTAL PROJECT COST = _____

**TOTAL AMOUNT REQUESTED
FROM STUDENT ALLOCATION BOARD =** _____

ALTERNATE REVENUE

Other than through the Student Allocations Board, what other sources of funding have been sought for this project?

How much has been received? PLEASE BE SPECIFIC.

Fundraisers:

Loans, Grants, Donations:

Out of Pocket Contributions:

Club or Organization Funds:

Admissions Revenue:

Advertising revenues:

Other:

For what specific areas of this project is your group planning to use these Alternate Revenues?



TOTAL ALTERNATE REVENUE: \$ _____

IF THERE ARE ANY CHANGES TO THIS APPLICATION,

**PLEASE CONTACT THE ASMSU VICE PRESIDENT FOR STUDENT ALLOCATIONS
PRIOR TO THE MEETING.**

I, the undersigned, affirm the following:

1. That the information submitted in this application and in any supporting documents is true, correct, and complete.
2. That I have read and I understand the attached guidelines and instructions.
3. That withholding or falsification of information for the purpose of receiving a funding Board allocation may result in the future ineligibility of my group for funding.
4. That I am authorized by my group to act as signatory on this document

President or Authorized member of
Organization (Print Name)

Date

President or Authorized Member Signature

Faculty Advisor (Print Name)

Date

Advisor Signature