ASSOCIATED STUDENTS OF
ASMSU
MICHIGAN STATE UNIVERSITY

CORES/COPS Funding Application

Fall 2019 – Spring 2020

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 NAME OF THE EVENT?

WHAT IS THE PURPOSE OF THIS EVENT?

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 DESCRIPTIONN 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: _____ LOCATION: _____
DATE: _____ TIME: _____
CO-SPONSORS:

CONFERENCE/TRIP

NAME OF EVENT: _____ LOCATION: _____
DATE: _____ NUMBER: _____
HOW WERE ATTENDEES SELECTED:

PROJECT COSTS AND FINANCIAL INFORMATION:

CONTRACT SERVICES

	NAME	QUANITY	COST EACH	TOTAL COST	ITEM INFO
SPEAKER FEES					
ARTIST FEES					
DJ					
RENTAL FEES					
IPF/PHYS. PLANT					
MSU POLICE					
OTHER					

CONTRACT SERVICES TOTAL = _____

EQUIPMENT

	NAME	QUANITY	COST EACH	TOTAL COST	ITEM INFO
ATHLETIC EQUIPMENT					
SOUND EQUIPMENT					
LIGHT EQUIPMENT					
PROPS					
TOOLS					
OTHER					
OTHER					

EQUIPMENT TOTAL = _____

SUPPLIES

	NAME	QUANITY	COST EACH	TOTAL COST	ITEM INFO
OFFICE SUPPLIES					
SUBSCRIPTIONS					
DECORATIONS					
OTHER:					
OTHER:					

SUPPLIES TOTAL = _____

PROMOTION

	NAME	QUANITY	COST EACH	TOTAL COST	ITEM INFO
FLYERS					
POSTERS					
STATE NEWS AD SIZE (x)					
OTHER:					
OTHER:					

PRINT TOTAL = _____

HOSPITALITY

	NAME	QUANITY	COST EACH	TOTAL COST	ITEM INFO
TRAVEL TYPE					
LODGING					
REGISTRATION FEES					
MEALS					
CATERING					
OTHER:					

HOSPITALITY TOTAL = _____

PRINT

	NAME	QUANITY	COST EACH	TOTAL COST	ITEM INFO
PRINT COST					
DELIVERY FEE					
OTHER:					

PRINT TOTAL = _____

OTHER EXPENSES

NAME	QUANITY	COST EACH	TOTAL COST	ITEM INFO

OTHER EXPENSES TOTAL = _____

Total Project Costs

Category	Total Cost
Contract Services	
Equipment	
Supplies	
Promotion	
Hospitality	
Print	
Other	

Is travel part of this request?   _____ YES   _____ NO
(if yes, then please add an additional $500.00 to the Total Project Cost to account for any unexpected travel costs i.e. Emergency Hotels or Damages to University Vehicles)

Total Project Cost: _____

Total Requested from SAB: _____

ALTERNATIVE 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 Alternative Revenues?

Total Alternative Revenue: _____

IF THERE ARE ANY CHANGES TO THIS APPLICATION, PLEASE CONTACT THE ASMSU VICE PRESIDENT FOR STUDENT ALLOCATIONS PRIOR TO THE MEETING (VPSA@ASMSU.MSU.EDU)

I, the undersigned, affirm the following
1. That the information submitted in this application and in any supporting document 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 a signatory for this document

_____   _____   _____
President or Authorized Member   Date   President or Authorized
of Organization (Print)   Member Signature

_____   _____   _____
Faculty Advisor (Print Name)   Date   Advisor Signature

OFFICAL USE ONLY – APPLICANT LEAVE BOX BLANK

FINAL ACTION TAKEN: _____   _____   _____
                                   PASS/FAIL   VOTE   DATE

_____   _____
VICE PRESIDENT FOR STUDENT   STUDENT ALLOCATIONS
ALLOCATIONS   FINANCIAL MANAGER