



CC FEE BOARD

## University of Hawaii at Hilo RISO Funding Application 2015-2016 Instructions

1. Prior to filling out, please meet with the CSO's Business Manager. (\_\_\_\_\_)
2. Fill out a separate funding application for each funding request per CSO.
3. Before application can be approved, RISOs must attend a **mandatory** funding training. Please refer to Campus Center's website [hilo.hawaii.edu/campuscenter/riso/](http://hilo.hawaii.edu/campuscenter/riso/) for scheduled training dates. Failure to attend funding training will result in denial of your funding application. (\_\_\_\_\_)
4. More documentation may be needed upon request.
5. Please be aware that all CSO's may require reciprocation of services in return for your approved funding. In other words, a CSO may ask your RISO to "give back" to the fee paying students at UH Hilo in the form of community service, presentation, etc.
6. As part of our co-funding agreement, our logo or organization name must be included on all advertising that may be used for this event. This ensures that the CSO is credited for their contribution of funds and that RISOs become aware of CSO funding opportunities, which changes every academic year.
7. Application must be turned in to the funding CSO by \_\_\_\_\_.

**Applications that do not meet the CSOs deadlines will not be accepted or approved.**

---

### For CSO Official Use Only

\_\_\_\_\_  
Business Manager/Treasurer      Date

This was Approved/Denied on \_\_\_\_\_  
Date of Meeting

\_\_\_\_\_  
Executive Chair      Date

Completed "Give Back": Y or N

**RISO INFORMATION:**

RISO Name: \_\_\_\_\_

RISO Email: \_\_\_\_\_

Are you registered for the 2015-2016 school year? (Yes/No) \_\_\_\_\_

How many **active** members are in your RISO? \_\_\_\_\_ (*Total*)

How many **active** members in your RISO are UH Hilo students? \_\_\_\_\_

**ADVISOR CONTACT INFORMATION:**

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PRESIDENT CONTACT INFORMATION:**

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**TREASURER CONTACT INFORMATION:**

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

# EVENT OVERVIEW

Title of Proposed Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Location and Time of Event: \_\_\_\_\_

1. Category of the Proposed Event

- Cultural
- Educational (*i.e. conference*)
- Social (*i.e. banquets*)
- Recreation/ Intermural
- Other (*Please specify*) \_\_\_\_\_

2. Prioritize line items from the attached budget that you would like funded.

Priority 1 \_\_\_\_\_ \$ \_\_\_\_\_

Priority 2 \_\_\_\_\_ \$ \_\_\_\_\_

Priority 3 \_\_\_\_\_ \$ \_\_\_\_\_

Priority 4 \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL AMOUNT REQUESTED: \$ \_\_\_\_\_**

3. Estimated number of students attending event: \_\_\_\_\_

4. What will UH Hilo students gain/learn from the event:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Provide a statement of **purpose and objectives** of the **proposed event**.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EVENT INFORMATION

1. Briefly describe your group or organization, including purpose and objectives.

---



---



---

2. Describe and outline timetables, tasks, deadlines and responsible individuals. Be as specific as possible (*Please attach a separate sheet*).

3. How many members will be involved in planning and implementing the event? \_\_\_\_\_

4. What will your members gain from such an experience?

---



---

5. Will there be an admission or registration fee? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

6. From what other sources have you requested funding for this event?

Source	Amount Requested	Amount Received	Comments

7. What funds will you be using for the event? (i.e. Your funds, awarded funds, etc.)

---



---



---



---

8. If you do not receive the funding, have you thought of other ways to fund your event?

---

---

---

---

9. Have you ever received funding from a CSO before (during this fiscal year)? \_\_\_\_\_

If yes, list the CSO name, event name, event date, and the amount received:

---

---

---

10. We request that you attach the following:

- a. Most current copy of your RISO Bank Statement.
- b. Detailed budget of the entire event. Please include all funding sources. (*see sample*)
- c. Itemized list of all the items including cost per item, quantity, and subtotals.

**Disclaimer:**

*The undersigned hereby certify that all the aforementioned statements on this application for funding and the budget narrative are complete, correct and of the most accurate to date. We understand that any false or misleading information in our application may result in the denial of the funding request.*

*We have read all funding application instructions and fully understand the requirements, restrictions and procedures and agree to abide by all terms and conditions as stated.*

× \_\_\_\_\_

Signature of RISO Advisor

\_\_\_\_\_

Date

× \_\_\_\_\_

Signature of RISO President

\_\_\_\_\_

Date

× \_\_\_\_\_

Signature of RISO Treasurer

\_\_\_\_\_

Date

## **SAMPLE BUDGET**

Name of Organization:				
Contact Person:			Date:	
Contact Email:			Phone:	
Program/Event:			Event Date:	
<b>REVENUE</b>		<b># of Students</b>	<b>Rate</b>	<b>Extension</b>
Admission Charges		50	\$5.00	\$250.00
Membership Dues				
Other Funding Sources				
			<b>TOTAL REVENUE:</b>	<b>250.00</b>
<b><u>EXPENSES</u></b>				
<b>CATEGORY</b>	<b>DESCRIPTION</b>	<b>QTY</b>	<b>UNIT COST</b>	<b>EXTENSION</b>
Food	Fruit Tray	1	\$25.00	\$25.00
Paper Goods	Forks	5	\$5.00	\$25.00
Advertising				
Room Rental				
Airfare/Travel				
Fees	Performance	1	\$1200.00	\$1200.00
Other Items				
			<b>TOTAL EXPENSES:</b>	<b>\$1250.00</b>
			<b>NET EXPENSES:</b>	<b>\$1000.00</b>