University of Hawaii at Hilo
Funding Application 2012-2013
Instructions

1. Prior to filling out, please meet with the CSO’s Business Manager. (____)

2. Fill out a separate application for each event you are requesting funding for.

3. Before application can be approved, RISO/Department/Program must attend a mandatory funding training. Please refer to Campus Center’s website www.uhh.edu/campuscenter for training dates. Failure to attend will result in your application being denied for funding. (____)

4. Attach a complete budget. (See sample)

5. Attach most current bank statement.

6. More documentation may be needed upon request.

7. Please be aware that all CSO’s may require reciprocation of services in return for your approved funding.

8. As part of our Co-sponsorship we would like to have our logo or organization name displayed on any and all advertising that may be used for this event.

9. Application must be turned in to the funding CSO by _________________.

**Late applications will not be accepted or approved.**
NAME OF ORGANIZATION: _______________________________________________________.

☐ Registered Independent Student Organization

☐ Department

☐ Other UHH Affiliated Program

PERSON IN CHARGE OF ORGANIZATION (Advisor, Director)

Name and Title: ________________________________________________________________.

Address: ____________________________________________________________________.

Cell: ___________________    Email: ____________________________________________.

ORGANIZATION CONTACT INFORMATION (President, Executive Chair)

Name and Title: ________________________________________________________________.

Address: ____________________________________________________________________.

Cell: ___________________    Email: ____________________________________________.

ADDITIONAL CONTACT (Preferably the group’s treasurer or fiscal officer)

Name and Title: ________________________________________________________________.

Address: ____________________________________________________________________.

Cell: ___________________    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 they gain/learn from the event: ______________________________
____________________________________________________________________
____________________________________________________________________

5. Provide a statement of purpose and objectives of proposed event. (not your organizations) _________________________________________________
____________________________________________________________________
____________________________________________________________________
ORGANIZATION INFORMATION

Registered Independent Student Organizations

1. Is the RISO registered with Campus Center? _____ (Initials)

2. How many active members in the RISO? _____ (Total)
   UHH_____   HawCC_____   Other_____

3. How many members are students? _____

UHH Department/Affiliated Programs

1. How many UHH students are serviced by your department? _____

2. How has your department or program benefited the students of
   UHH___  HawCC___  Other___? (Check one)

   ____________________________________________________________________

   ____________________________________________________________________

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?

<table>
<thead>
<tr>
<th>Source</th>
<th>Amt Requested</th>
<th>Amt Received</th>
<th>Comments</th>
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7. Have you received funding from (CSO Name) before? ________(initials)

8. If yes, for what event, when was the event, and the amount you received.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. What funds will the RISO be using for the event (ie. Your own funds).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. We request that you attach the following:

    a. Most current copy of your RISO Bank Statement
    b. Detailed budget of the whole event. Please include all funding sources
    c. Itemized list of all the items you are requesting with amounts and costs
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 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 President/Chief Officer of Program   Date

____________________________________  ________
Signature of Person in Charge of Program   Date

__________________________________________  ______________________
Signature of organizations Treasurer/Fiscal Officer   Date
# SAMPLE BUDGET

Name of Organization:  

Contact Person:  

Date:  

Contact Email:  

Phone:  

Program/Event:  

Event Date:  

## REVENUE

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<th>UNIT COST</th>
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<td>Admission Charges</td>
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<tr>
<td></td>
<td># of Students</td>
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<td>Rate</td>
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<td>Other Funding Sources</td>
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**TOTAL REVENUE**  250.00

## EXPENSES

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**TOTAL COST**  1250.00

**NET EXPENSES TO BE REQUESTED**  1000.00