University of Hawai‘i at Hilo
University of Hawai‘i at Hilo Student Association (UHHSA) Funding Application

Instructions

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

2. Before an application can be approved, the RISO / Department / Program / Individual must attend a mandatory fiscal training.

   Please refer to Campus Center’s website [www.uhh.edu/campuscenter](http://www.uhh.edu/campuscenter) for training dates.

   a. Failure to attend the fiscal training will result in your application being denied for funding.

3. Attach a complete budget. (See sample on last page)

4. Application must be turned in to UHHSA by ________________________________.

   a. It is imperative to adhere to this deadline to allow proper time for the funding process

   Late applications will not be accepted or approved.
APPLICATION MUST BE TURNED IN TO UH HSA BY: ________________________________

It is imperative to adhere to this deadline to allow proper time for the funding process

NAME OF ORGANIZATION:

________________________________________________________

☐ Registered Independent Student Organization    ☐ Other CSO: ________________________________

☐ Department: ________________________________    ☐ College: ________________________________

☐ Other UHH Affiliated Program: ________________________________

PERSON IN CHARGE OF PROGRAM

Name and Title: __________________________________________________________

Address: __________________________________________________________________

Cell: __________________________ Email: ___________________________

ORGANIZATION CONTACT INFORMATION

President/Chief Officer of Program: __________________________________________

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 Program:
______________________________________________________________________________.

1. Category of the Proposed Event

☐ Cultural
☐ Educational (i.e. conference)
☐ Social (i.e. banquets)
☐ 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 UH-Hilo students attending event: __________________________

4. What will they gain/learn from the event: ________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
5. Provide a statement of **purpose and objectives of the proposed event**, not the organization’s.

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

ORGANIZATION INFORMATION

For **Registered Independent Student Organizations** <skip if this does not apply to you>

1. Is the RISO registered with Campus Center? ________

2. How many members in the RISO? __________

3. How many members are students? ________

For **UHH Department/Affiliated Programs** <skip if this does not apply to you>

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

2. How has your department or program benefited the students of UHH?

___________________________________________________________________________________

___________________________________________________________________________________

EVENT INFORMATION

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

___________________________________________________________________________________

___________________________________________________________________________________

2. Describe and outline timetables, tasks, deadlines and responsible individuals for this event. Please be as specific as possible. (Attach a separate sheet with this information)

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? **YES / NO** If yes, how much? ________________

6. Will the fee be different for UHH Students and non-UHH Students? **YES / NO**

   (if yes, please explain) _________________________________________________________________

7. 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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</thead>
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</tbody>
</table>

8. Have you received funding from UHHS before? ________

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

   ____________________________________________________________
   ____________________________________________________________

10. Please attach a budget to this application. See example on following page.

   *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.*

   ___________________________________________ Date
   Signature of President/Chief Officer of Program

   ___________________________________________ Date
   Signature of Person in Charge of Program

   ___________________________________________ Date
   Signature of organizations Treasurer/Fiscal Officer
## SAMPLE BUDGET

**Name of Organization:**

**Contact Person:**

**Date:**

**Contact Email:**

**Phone:**

**Program/Event:**

**Event Date:**

### REVENUE

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th># of Students</th>
<th>Rate</th>
<th>Extension</th>
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<tbody>
<tr>
<td>Admission Charges</td>
<td>50</td>
<td>5.00</td>
<td>250.00</td>
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<tr>
<td>Membership Dues</td>
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<tr>
<td>Other Funding Sources</td>
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**TOTAL REVENUE**

### EXPENSES

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<thead>
<tr>
<th>CATEGORY</th>
<th>DESCRIPTION</th>
<th>QTY</th>
<th>UNIT COST</th>
<th>EXTENSION</th>
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<tbody>
<tr>
<td>Food</td>
<td>Fruit Tray</td>
<td>1</td>
<td>25.00</td>
<td>25.00</td>
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<tr>
<td>Paper Goods</td>
<td>Forks</td>
<td>5</td>
<td>5.00</td>
<td>25.00</td>
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<tr>
<td>Advertising</td>
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<td></td>
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</tr>
<tr>
<td>Room Rental</td>
<td></td>
<td></td>
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<tr>
<td>Airfare/Travel</td>
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<td></td>
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</tr>
<tr>
<td>Fees</td>
<td>Performance</td>
<td>1</td>
<td>1200.00</td>
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<tr>
<td>Other Items</td>
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**TOTAL COST**

**NET EXPENSES TO BE REQUESTED**

**1000.00**