Student Government Association
Application for Funding 2016-2017

Read all instructions/guidelines before completing your request. Completed forms may be submitted to UC414 at least three weeks prior to your event. Be aware that SGA funding is meant to supplement existing funding and not be the primary source of funding for any event.

Fund:
Please mark which fund you are applying for:

___ Discretionary Fund
___ Student Organizations Fund

Organization Basics:
Organization name: ____________________________________________

Student Membership: _____ Total Membership: ______

Description/Purpose of Organization:
______________________________________________________________________________
______________________________________________________________________________

Does your organization have a website? If yes, provide the link.
________________________________________________________

Event Information:
What is the name of your event/program? ____________________________

Date of event: _______________ Location of event: _______________________

Describe the purpose, goals and objectives or the event:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If you have any questions, contact Brooke Reeves at sgtreasurer@semo.edu or (618) 713-0346
What fundraising or what other sources of funding has your organization acquired? Please include specific amounts raised/received.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

What do you expect this event to bring to Southeast’s campus and community?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

What type of advertising will be done for this event? (Please attach copies if applicable)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

**Additional Information:**

Please attach the additional information needed for the account applying for:

For Discretionary Applications:

- Itemized Budget (Be as specific as possible. Each item must be listed along with price.)
- Discretionary Funding Agreement (Attached)
- Travel Itineraries and Conference Information (if applicable)

For Student Organization Applications:

- Itemized Budget (Be as specific as possible. Each item must be listed along with price.)
- Advertising Example

If you have any questions, contact Brooke Reeves at sgtreasurer@semo.edu or (618) 713-0346
Contact Information:

President’s name: ___________________________  S0#____________________
Phone number: _______________  Email address: _________________________

Treasurer’s name: ___________________________  S0#____________________
Phone number: _______________  Email address: _________________________

Individual Preparing the Budget: ___________________________  S0#____________________
Phone number: _______________  Email address: _________________________

Faculty Advisor: ___________________________
Phone number: _______________  Email address: _________________________

Signatures:

I, ____________________________, acting as an authorized representative for my organization, understand that my organization must comply with the Student Government Constitution, By-laws and Policies for all funds received through Student Government. I hereby attest that the rules/policies have been read and understood. I have presented all information truthfully and completely to the best of the organization’s ability.

________________________________________
Student Organization

________________________________________  ____________________________  ___________________________
Organization President  Organization Advisor  Organization Treasurer

If you have any questions, contact Brooke Reeves at sgtreasurer@semo.edu or (618) 713-0346
Entities receiving discretionary funding will be required to sign and complete the terms of the Discretionary Funding Agreement document. Failure to sign and/or complete the terms stated in the agreement may result in one or more of the following, as determined by the Executive Committee:

a. Loss of opportunity for funding from the Discretionary account for the remainder of the academic year and/or the following year.

b. Loss of opportunity from the Student Organizations account for the remainder of the academic year and/or the following year.

c. Request for repayment in part or in full of currently allocated funds.
***The Discretionary Agreement is only required for those applying out of the Discretionary Account***

STUDENT GOVERNMENT
DISCRETIONARY FUNDING AGREEMENT

After receiving funding from the Student Government Discretionary Account, __________________________ agrees to the following:

I. To attend any and all conference meetings/sessions;

II. To spend Student Government money only for the purposes allocated;

III. To meet with Campus Life Business Analyst and submit necessary paperwork within one month after the conference/event/competition or within a time period as determined by the Campus Life Business Analyst;

IV. To submit a one-page document within one month after the conference/event/competition detailing involvement and resulting benefit to Southeast students.

_________________________ understands and agrees to the terms listed above. We understand that failure to abide by these terms may result in one or more of the following, as determined by the Executive Committee:

a. Loss of opportunity for funding from the Discretionary account for the remainder of the academic year and/or the following year;

b. Loss of opportunity from the Student Organizations account for the remainder of the academic year and/or the following year;

c. Repayment to Student Government in part, or in full, of currently allocated funds.

Signed:

________________________________________

ORGANIZATION PRESIDENT OR REPRESENTATIVE

DATE

________________________________________

ORGANIZATION ADVISOR

DATE

________________________________________

STUDENT GOVERNMENT ADMINISTRATIVE ASSISTANT

DATE

If you have any questions, contact Brooke Reeves at sgtreasurer@semo.edu or (618) 713-0346