

Chattanooga State Community College
Student Government Association
Club and Organizational Funding Request Form

Completed applications should be delivered to the Student Government Association Office, Room 22J in the Omniplex Address the envelope to: SGA Club and Organizational Funding

If you have any questions regarding this SGA Club and Organizational Funding Request Form, please contact sga@chattanoogastate.edu

SUBMIT REQUEST SIX (6) WEEKS PRIOR TO EVENT

Part I: Organizational Information

1. Organization Name- _____
On a separate sheet of paper, please list all members of the organization and their A#s.
2. Application Date- _____
3. Does your organization have a current, approved constitution?
 - a. Yes – _____
 - b. No – _____
 - c. Unknown – _____
4. Organization Student Representative-
 - a. Name – _____
 - b. Phone# – _____
 - c. Email – _____
5. Advisor Information-
 - a. Name – _____
 - b. Phone# – _____
 - c. Email – _____

Part II: Program Information

If additional space is needed, please attach on an additional sheet of paper.

6. What is the name of this activity and what is its purpose?

7. When/Where will the event be held?

a. Date – _____

b. Time – _____

c. Location – _____

8. How will the activity benefit the Chattanooga State community and your organization?

9. What event(s) has your organization participated in on/off campus? List and give details.

10. How many SGA meetings has a representative from your organization attended prior to this request?

a. _____

11. What are the dates and times of your regular organizational meeting?

a. _____

12. How much money has your organization raised for this event?

a. \$ _____

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Club and Organization Funding - Request Form

Instructions: Describe every item as specifically as possible. List its cost in one of the two columns provided, depending on whether it is being funded by your club or by your funding request. Attach backup documentation for all line items. If a line item is an estimate, note "estimate" in item description. Any item not noted as an estimate **must** be supported by attached backup documentation.

Date / Dates & Type of actual Function:		Item Cost	
		Club Funds	SGA Request
Line #	Item Description		
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total Funded By Club:			
Total Funding Requested from SGA:			
Grand Total For Project:			

Has your organization already received funding during this academic year?	
Number of Active Club Members:	
Number of Club Members Benefiting from this Request:	

SIGNATURES (all three required before request can be considered)

Student Officer of Organization: _____ Date: _____
 Organization Sponsor/ Advisor: _____ Date: _____
 Relevant Department Head or Dean: _____ Date: _____

For SGA Use Only

(possible Results: Approved, Denied, Postponed, Approved with Modifications)

	Date of SGA Meeting When Considered / Notes	Result	Vote
1st			
2nd			
3rd			

SGA Treasurer Signature (After Final Action): _____