

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

Completed applications should be delivered to the Student Life office (HPF-135) or the Student Government Association Office (HPF-134), 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 [chattanoogastate.sga@gmail.com](mailto:chattanoogastate.sga@gmail.com) **SUBMIT REQUEST SIX (6) WEEKS PRIOR TO WHEN YOU NEED THE FUNDS.**

**Part I: Organizational Information**

1. Organization Name- \_\_\_\_\_
2. Application Date- \_\_\_\_\_
3. Does your organization have a current, approved constitution?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_
4. Organization Student Representative-
  - a. Name \_\_\_\_\_
  - b. Phone# \_\_\_\_\_
  - c. Email \_\_\_\_\_
5. Advisor Information-
  - a. Name \_\_\_\_\_
  - b. Phone# – \_\_\_\_\_
  - c. Email \_\_\_\_\_

**Part II: Program Information**

6. On a separate sheet of paper, please list all the members and their A#s of the students that will be attending this event. Also include a detailed description of the event, purpose, benefit to your organization, and the benefit to our school. Please attach a brochure of your event.
7. When/Where will the event be held?
  - a. Event- \_\_\_\_\_
  - b. Date – \_\_\_\_\_
  - c. Time – \_\_\_\_\_
  - d. Location – \_\_\_\_\_
8. How much money has your organization raised for this event? \$ \_\_\_\_\_  
(please itemize your needs on the paper provided you may print multiple copies.)

**Part III: Participation Information**

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? \_\_\_\_\_

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

a. \_\_\_\_\_

**Part IV: Budget Information**

**Instructions:** Describe every item as specifically as possible. List each 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.

Line#	Item Description	Club Funds	SGA Request
1			
2			
3			
4			
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Totals

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Has your club already received funding from the SGA this year? \_\_\_\_\_ Number of active club members: \_\_\_\_\_

Number of 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**

Date Received: \_\_\_/\_\_\_/\_\_\_ Scheduled for COFC meeting date: \_\_\_/\_\_\_/\_\_\_ Notes from meeting:

Vote to recommend approval: PASSED NOT PASSED PASSED WITH STIPPULATIONS  
(noted below)

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Scheduled for SGA meeting date: \_\_\_/\_\_\_/\_\_\_ Notes from meeting:

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Vote to approve funding: PASSED NOT PASSED PASSED WITH STIPPULATIONS  
(noted below)

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Grant Total: \_\_\_\_\_ SGA Treasurer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization required to give cabinet briefing on: \_\_\_/\_\_\_/\_\_\_<sup>1</sup> \_\_\_\_\_