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 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.

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<tr>
<th>Line#</th>
<th>Item Description</th>
<th>Club Funds</th>
<th>SGA Request</th>
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Totals

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)

Notes from meeting:

__________________________________________________________________________

__________________________________________________________________________

Scheduled for SGA meeting date: ___/___/___ Notes from meeting:

__________________________________________________________________________

__________________________________________________________________________

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

__________________________________________________________________________

__________________________________________________________________________

Grant Total: ___________ SGA Treasurer
Signature: ___________________________ Date: ___________
Organization required to give cabinet briefing on: ___/___/___

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