



Funding Requirements and Explanations:

1. To receive funds from RHA, an allocation form must be filled out in its entirety. Allocation forms are due in the RHA Office (Towers Room 111) or via email at rha@semo.edu **by 12:00 pm on Monday** before RHA executive board meetings to be considered at the upcoming Tuesday's meeting.
2. Your request will be reviewed by the Funding board before going to the RHA General Body.
3. A representative from the requesting organization **MUST** attend a Funding Board meeting before attending a General Body meeting to answer any questions and explain the allocation. **If no representative appears before the Funding Board, the allocation will be tabled for at least one week.** The Funding Board will present the request to the General Body during the RHA Meeting. (Note: If it is a program that will be under \$75 your request doesn't have to go to the General Body meeting)
4. The event must be open and/or include Southeast Missouri State Residence Hall students.
5. A student organization may not ask for more than \$1000.00 a year and \$500 a semester from RHA. RHA **will not** provide funding for gift cards; additionally, RHA will only help fund a conference if 75% of the delegation attending the conference reside on campus.
6. The RHA logo **must be present** on all publicity including flyers, pamphlets, and handouts, etc. If there are flyers going out to advertise a program or merchandise being purchased with this allocation a design must be attached to this form.
7. **Failure to fulfill these requirements may result in rescinding funds allocated to the organization and rejection of future allocations.**

***** RHA reserves the right to accept or decline funding request at the Executive Board's discretion. *****

I certify that we have read and adhere to the above requirements

Signature of representative of organization

Printed Name

Date

****Please make sure that you have read and fully understand the above requirements. If you have any questions, please feel free to contact the RHA Treasurer at rha@semo.edu. The RHA Treasurer will also contact you to inform on the dates a representative should be in attendance.**



How to fill out your funding request:

1. Fill out the funds request sheet with what you are asking RHA to fund.
2. Turn your funding request in to any executive board member or the RHA office.
3. The funding request must be submitted at least 2 weeks before the date needed (to ensure we have time to process your request).

**Submission of this form does not obligate RHA to provide funding for the activity or event.

**All funding requests must directly benefit Southeast Students.

**If you are intending to serve canned beverages at your event please contact the NCC-IT for the pop-tab bucket.

Activity Fund Request Form

Organization Name: _____ Name of Event: _____

Organization Address: _____

Total Members in Organization: ____ Number of Members in Residence Halls: _____

Type of Organization: Student Organization Hall Program

Date of Event: _____ Time of Event: _____

Location of Event: _____ Estimated Attendance: _____

Amount Requested from RHA: \$_____ Total Expenses for Entire Program: \$_____

Contact Person: _____ Contact Email: _____

Contact's phone number: _____ Contact Address: _____

In order for your funding request to be fully considered, you must fill out the following questions thoroughly:

What type of program are you presenting? Please check all that apply.

____ Social ____ Academic ____ Personal Growth ____ Leadership ____ Awareness

____ Recognition ____ Entertainment ____ Other (specify): _____

1. Thoroughly describe what you plan to do at this program?

2. What is the purpose of this program?

3. How will this program benefit residence hall students?

4. What other funding have you gained (or are expected to gain) for this project or activity?

5. Do you plan on purchasing items/services that cannot be bought from a store, restaurant, or legitimate business?

Yes

No

6. If you answered "Yes" to the previous question, what kind of item/service are you planning on purchasing. (Please check all that apply)

Entertainment/Performers

DJ

Personal Catering Service

Other (Brief description please) _____

6a. Who is receiving the payment (Please check all that apply)?

Faculty/Staff Employee

Student at Southeast

Non-University Affiliate

