

Student Government Association

Application for Funding



*Read all instructions/guidelines before completing your request. Completed forms may be submitted to UC414 or sgtreasurer@semo.edu at least **three weeks prior** to your event. Be aware that SGA funding is intended 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 of the event:

If you have any questions, please contact SGA treasurer Justin Jacobs at sgtreasurer@semo.edu

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 Application:

- 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 Government Applications:

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

If you have any questions, please contact SGA treasurer Justin Jacobs at sgatreasurer@semo.edu

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 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, please contact SGA treasurer Justin Jacobs at sgtreasurer@semo.edu

******The Discretionary Agreement is only required for those applying out of the Discretionary Account******



STUDENT GOVERNMENT DISCRETIONARY FUNDING AGREEMENT OVERVIEW

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