

2007-2008 Funding Request Form

Name of organization:

Name of three members:

- | | | |
|----|------------------------------|-----------------------------|
| | | Graduate Student? |
| 1. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Main Contact (One of the above):

Name:

Phone:

Email:

Address:

Check this box if you DO NOT want the contact info above to be listed on the GSA website advertising the event.

If you checked the above box, please list a website or an email address that could be listed on the GSA website advertising the event:

Email:

Website:

Number of Students in Organization:

- 3-10 11-20 21-30 31-50 51-100 101-200 201+

Number of Graduate Students in Organization:

- 3-10 11-20 21-30 31-50 51-100 101-200 201+

Title of event:

Total amount of money requested:

Date of the event:

Location of the event:

Have facilities been reserved? Yes No

The event is primarily: Cultural Educational Political

Community Service Entertainment Social

Other (specify):

Number of people expected to attend:

3-10 11-20 21-30 31-50 51-100 101-200 201+

Number of Graduate Students expected to attend:

3-10 11-20 21-30 31-50 51-100 101-200 201+

Briefly describe the proposed program

Describe the primary purpose of your program and the target audience (remember that the event must be open to all graduate students to receive GSA discretionary funding). Why are you presenting the event?

Describe the evaluation process that will be used to evaluate the event from the perspectives of organizers, performers/speakers, and attendees.

Has this event received GSA Discretionary Funding in the past? If so, how much?

Budget

Please be as specific as possible. Include funds from other sources so that we have a clear picture of your total budget. Clearly describe each line item.

Funding Category	Amount from Discretionary	Amount from Other Sources	Total
Honoraria, performers, or entertainment (Describe)			
Travel (includes airfare and hotel) (Describe)			
Facilities (Describe)			
Reception (Food, no decoration)			
Advertising (Describe)			
Parking (Describe)			
Other (Describe)			
Totals:			

Other Sources of Funding:

- | | | |
|----|----------------------------------|-----------------------------------|
| 1. | <input type="checkbox"/> Pending | <input type="checkbox"/> Approved |
| 2. | <input type="checkbox"/> Pending | <input type="checkbox"/> Approve |
| 3. | <input type="checkbox"/> Pending | <input type="checkbox"/> Approve |

Statement of Responsibility

To shield the Graduate Students Association and its Discretionary Fund from any liability, all student groups receiving GSA Discretionary Funding are required to read, understand and sign the prepared statement below. You may fill in the names and dates now and turn in the application via email. However, a hard copy of this page, must be submitted in order for us to release your funds.

1. If alcoholic beverages are served or distribute at this event, We agree to assume all liability related to their distribution and use. Furthermore, We also agree to uphold all UCLA, State of California, and U.S. Federal regulations governing the service and distribution of alcoholic beverages. (See the UCLA Alcohol Policy Guidelines available from the Center for Student Programming.)
2. If we receive *any* funds from the GSA Discretionary Fund, We agree to clearly name the Graduate Students Association as a sponsor on **all promotional materials** for this event.
3. We will deliver 30 flyers to the CSP office and 2 flyers to the GSA office two weeks priors to the scheduled event. (ONLY IN EXCEPTIONAL CIRCUMSTANCES WILL THIS REQUIREMENT BE WAIVED.) Flyers preferably should be printed on recycled paper.

Failure to comply with one or more of the responsibilities stated above may result in the reduction or loss of your Discretionary Fund award.

One of the two signatories must be group signatory on file in CSP office.

Sign Name:	Date:
Print Name: Date:	Date:

Sign Name:	Date:
Print Name: Date:	Date:

<p>CSP Advisor'sName:</p> <p>CSP Advisor's Signature:</p>
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