



Student Activity Enhancement Fee Funding Request

Organization _____ Date Submitted _____

Prepared By _____ Phone _____

E-Mail _____

Each organization may make one request for supplemental funding each year. However, a funding cap of \$15,000 is in effect per RSO and \$10,000 per department. Also include an accurate yearly budget, a breakdown of all costs requested, and a write-up about why this funding is needed, how it will impact students, etc. If you are requesting a specific piece of equipment, please submit a catalog listing of the item. The RSO's ability to provide detailed information will affect the committee's decision for funding.

Grand total of trip/project \$ _____

How much money does your group plan to contribute to this trip/project? \$ _____

Total request from SAEF \$ _____

Beginning account balance (Fall Semester) \$ _____

Current account balance \$ _____

Total funds collected through membership this past year \$ _____

Total funds obtained through fundraising efforts this past year \$ _____

Other sources of funding: _____ \$ _____

Has your group requested funds from other ULM groups or departments? YES or NO

If so, how much? \$ _____

Anticipated income from event (ticket sales, t-shirts, etc.) \$ _____

Please describe the purpose of this request.

Describe the fundraising activities your organization has previously completed.

Describe the fundraising activities your organization still has planned.

If the funding request is for **travel, you must include dates of the trip, destination, hotel and conference information. Include conference website if available. List of students attending the trip or at least how many plan to travel.

(Please See Back)

What has your organization done to control costs this year?

What additional costs does your organization anticipate for the remainder of the year?

How many active members are currently in your RSO? _____

List your Officers and Faculty Advisor(s):

President: _____

Phone: _____ E-Mail: _____

Vice-President: _____ Secretary: _____

Treasurer: _____

On-campus Advisor: _____

Phone: _____ E-Mail: _____

Has your group been an active RSO at ULM for at least one (1) full academic year? Yes or No

List what ULM department with which you are affiliated: _____

List the number of years your organization has been recognized at ULM: _____

What is your National Governing Organization? (if applicable) _____

Contact: _____ Phone: _____

E-Mail: _____ Website: _____

Number of years your organization has been affiliated with National Organization: _____

If a student group, list location, days, and times of your RSO meetings:

Number of members required to compete in team competition (sport/clubs): _____

Current number of active members last two years: This Year: _____ Last Year: _____

NOTE: Request not complete unless you **attach a current yearly operating budget**, breakdown of all requested costs, and write-up.

**Advisor/Deans' approval for RSO and
Departmental Requests:** _____

X _____
Signature _____

Date _____

RSO Officer Signature:

X _____
Signature _____

Date _____

Position _____

Rank projects in order of importance below, if more than one requested: