



## 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?

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

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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:

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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: