

Directions:

* Please be sure to read the **Allocations guidelines**.
* Please **complete the entire form** **with as much detail as you can provide.** Then email allocations@sgc.rutgers.edu to be reviewed.
* Student organizations should request appeals **at least 3 weeks** before funds must be disbursed.
* Please note that we cannot guarantee the disbursement of funds for every appeal.
* It is your responsibility to follow-up with the Allocations Committee to ensure that funds have been disbursed and accessible in the organization’s SABO account.
* Please make a separate copy of page #2 for every different program.
* Please only include any **additional** funding you request, thus leaving out what has already been allocated to the club.
* If the appeal concerns funds for airfare, bus rentals, or any kinds of transportation, please include a proof where you got the prices. Proof includes but not limited to, quotas, Expedia website, etc. Please also include the date when you acquired those prices.
* It is your responsibility to **fill all spaces, and provide correct information**. Otherwise, it may cause a delay during review, and/or be send back for corrections to be made.
* If you have any questions or concerns, please e-mail [allocations@sgc.rutgers.edu](mailto:allocations@sgc.rutgers.edu)

|  |  |
| --- | --- |
| **Organization Name:** | **Contact Name:** |
| **Sabo Account #:** | **Position:** |
| **Administrative Advisor:** | **E-mail:** |
| **Do you have Storage Space?** | **Phone:** |
| **Total Allocated Funds For this semester :** | |
| **Generated Revenue In SABO Account** **(IMPORTANT)**: | **Is the club Fundraising for the following events?** (if yes specify which one)**:** |
| **Is the club involved in any Co-sponsorship(s)?** (if yes, specify which events): | **Other funding sources** (specify from whom, and for what): |

|  |
| --- |
| **Mission of your Organization:** |

**Program:**

|  |  |
| --- | --- |
| **Program Name** |  |
| **Program Date** |  |
| **Expected Attendance** |  |
| **Location** |  |
| **Program Goal** |  |
| **Current Allocation for this event** (If Applicable) |  |
| **Reason for Appeal for this program** |  |

**Program Costs**

Please list all of the costs of your program and be as detailed as detailed as possible.

|  |  |  |
| --- | --- | --- |
| **Expense** | **Detailed Description** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Cost of the Program(s)** |  |  |