**SGC Allocations Board**

**Fall 2016 BUDGET Application for Funding**

# *General Information*

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Abbreviated Name: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Office Number and Location (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Activities Business Office Account #: \_\_ \_\_\_\_\_\_

***(leave blank if you have not been assigned one yet)***

Current Amount of Generated Revenue in SABO Account: \_\_ \_

Name of Individual Responsible for Budget: \_\_\_\_\_\_\_\_

(Please do not list officer who will be leaving the organization)

Primary Phone:

E-mail Address:

Name of Club President for Fall 2016 Semester: \_\_\_\_\_\_\_\_

Primary Phone:

E-mail Address:

Name of Club Treasurer for Fall 2016 Semester: \_\_\_\_\_\_\_\_

Primary Phone:

E-mail Address:

Programs that an organization wishes to sponsor must be in accordance with its constitutional purpose/mission. To enable the Allocations Board to ascertain which programs meet that criteria, please write your constitutional purpose below (as stated in your organization constitution):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# *Projected Programs and Costs for Fall 2016 Semester*

**Before you begin:**

**READ THE GUIDELINES. (A COPY IS ATTACHED ABOVE)**

1. Realize this section requires your utmost attention.
2. Be as detailed as possible regarding costs for your organization’s proposed projects.
3. Discuss the relevance of the proposed program to your organization’s constitutional purpose/mission.
4. Discuss how the proposed program will benefit the Rutgers Community.
5. The SGC Allocations Board will fund at maximum **THREE** program requests (and **TWO** trips). Selection is based on accordance with budget guidelines, your ranking, and whether the program supports your organization’s purpose/mission; number of programs funded is based upon funding availability.
6. **When drafting your proposed programs and budget breakdowns, please provide as much detail as possible.**

**YOUR ORGANIZATION’S REQUEST**

###### General Meetings Funding can be requested for food and equipment directly required for up to three general club meetings. If equipment is requested, please specify exactly what it will be used for in order to be eligible to receive funding.

Meeting 1

Date:

Location:

Expected Attendance:

|  |  |  |
| --- | --- | --- |
| Expense | Description (Detail Itemized Expenditures) | Estimated Cost |
| Food |  |  |
| Equipment |  |  |
|  | TOTAL COST |  |

Meeting 2

Date:

Location:

Expected Attendance:

|  |  |  |
| --- | --- | --- |
| Expense | Description (Detail Itemized Expenditures) | Estimated Cost |
| Food |  |  |
| Equipment |  |  |
|  | TOTAL COST |  |

Meeting 3

Date:

Location:

Expected Attendance:

|  |  |  |
| --- | --- | --- |
| Expense | Description (Detail Itemized Expenditures) | Estimated Cost |
| Food |  |  |
| Equipment |  |  |
|  | TOTAL COST |  |

###### Overhead Expenses

Overhead expenses are expenses related to the daily upkeep of your organization. For example, office supplies, website maintenance, and/or Targum ads for general meetings are considered overhead expenses. Overhead expenses CANNOT be used for anything related to a specific program.

|  |  |  |
| --- | --- | --- |
| Expense | Description (Detail Itemized Expenditures) | Estimated Cost |
| Office Supplies |  |  |
| Software/Website |  |  |
| Storage Fees |  |  |
| Advertising |  |  |
| Other |  |  |
|  | TOTAL COST |  |

**Proposed Program Expenses**

1. Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Location:

Expected Attendance:

Admission Charge: Y / N Amount (If Applicable): \_\_\_\_\_\_\_\_\_

Program Goal:

|  |  |  |
| --- | --- | --- |
| Expense | Description (Detail Itemized Expenditures) | Estimated Cost |
| Rental (Room & Equipment) |  |  |
| Advertising |  |  |
| Food & Beverages |  |  |
| Supplies/Materials |  |  |
| Other |  |  |
|  | TOTAL COST |  |

### Order of Importance: \_\_\_\_\_\_\_\_\_\_

2. Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Location:

Expected Attendance:

Admission Charge: Y / N Amount (If Applicable): \_\_\_\_\_\_\_\_\_

Program Goal:

|  |  |  |
| --- | --- | --- |
| Expense | Description (Detail Itemized Expenditures) | Estimated Cost |
| Rental (Room & Equipment) |  |  |
| Advertising |  |  |
| Food & Beverages |  |  |
| Supplies/Materials |  |  |
| Other |  |  |
|  | TOTAL COST |  |

### Order of Importance: \_\_\_\_\_\_\_\_\_\_

3. Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Location:

Expected Attendance:

Admission Charge: Y / N Amount (If Applicable): \_\_\_\_\_\_\_\_\_

Program Goal:

|  |  |  |
| --- | --- | --- |
| Expense | Description (Detail Itemized Expenditures) | Estimated Cost |
| Rental (Room & Equipment) |  |  |
| Advertising |  |  |
| Food & Beverages |  |  |
| Supplies/Materials |  |  |
| Other |  |  |
|  | TOTAL COST |  |

### Order of Importance: \_\_\_\_\_\_\_\_\_\_

**Trip/Tournament/Conference/Competitions**

1. Trip Name:

Date: # of Participants:

Location/Destination:

Trip Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Expense | Description (Detail Itemized Expenditures) | Estimated Cost |
| Advertising |  |  |
| Transportation Costs |  |  |
| Admission Fees |  |  |
| Food |  |  |
| Lodging |  |  |
| Other |  |  |
|  | Total Cost: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Order of Importance: \_\_\_\_\_\_\_\_\_\_

2. Trip Name:

Date: # of Participants: \_\_\_\_\_\_

Location/Destination:

Trip Goal: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_ \_\_

|  |  |  |
| --- | --- | --- |
| Expense | Description (Detail Itemized Expenditures) | Estimated Cost |
| Advertising |  |  |
| Transportation Costs |  |  |
| Admission Fees |  |  |
| Food |  |  |
| Lodging |  |  |
| Other |  |  |
|  | Total Cost: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Order of Importance: \_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*THIS SECTION IS FOR MEDIA ORGANIZATIONS ONLY\*\*\*\*\*\*\*\*\*\*\*\***

#### *YOUR ORGANIZATION’S REQUEST*

# Publication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Publication of Media Type (Circle One): Newspaper Magazine Journal

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Issue # | # of Pages | # Copies | Cost per issue | Delivery Cost |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
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| 10. |  |  |  |  |
| 11. |  |  |  |  |
| 12. |  |  |  |  |
| 13. |  |  |  |  |
| 14. |  |  |  |  |
|  |  |  | Total Cost: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |