Date Request Received:

### **EVENT FUNDING ASSISTANCE COMMITTEE – REQUEST FOR DONATIONS**

# *Please note: Incomplete requests may be returned to the requester, which may delay review of the request by the committee.*

### PART I. Organization Information (attach additional information if necessary):

Name of UW-La Crosse Organization:									
Department/Unit		Student Organization	Faculty/Staff Organization						
Name of Event:									
Date of Event:									
Individual Submitting Request & Role within Organization:									
Campus Address:									
E-Mail Address:									
Telephone Number:									

## ----- Please proceed to Page 2/PART II------

FOR OFFICE USE ONLY - DO NOT COMPLETE THIS SECTION						
	Date Request Reviewed:					
COMMITTEE COMMENTS/REVIEW						
Approved from Univ.Ctrs./#9110 Dining Budget:	<u>\$</u>					
Approved from University Dining/Chartwells Budge	et: <u>\$</u>					
Approved from Pepsi Marketing Fund:	<u>\$</u>					
Pepsi Order #:	_					
Product/Merchandise Awarded (include value):						
· · · ·	· ·					
Comments/Special Instructions:						

### PART II. Request Information (attach additional information if necessary):

Name of Event: \_\_\_\_\_

Website for organization and/or event: \_\_\_\_\_

Date, Time, Location of Event: \_\_\_\_\_

Is this event a fundraiser? If so, who is the beneficiary of the fundraiser?

How is this organization funded?

Anticipated Participation/Attenda	ance (how many):	Students	Faculty/Staff	Community			
(Include anticipated number of participants in each group and, if possible, attach names of individuals.)							
Donation will be used for: <b>Food</b> - Total dollar amount requested:				\$			
Beverage - Total dollar amount requested:			\$				
	Merchandise/Giveawa	<b>ays</b> - Total dollar ar	nount requested:	\$			
Grand	\$						

Identify specifically the food, beverage, or merchandise/giveaways you are requesting. Include the dollar value for each. (*This may require discussion with Dining Service/Catering staff or University Centers staff prior to completing this form.*)

Reason for this request:

How will the items being requested be used/provided to those attending the event?

Is this a co-sponsored event? If yes, please explain:

In addition to this request, has catering been requested through UW-La Crosse dining services for this event? If so, please describe.

Has funding been allocated for this event from other entities? If so, explain:

What is your event budget? Please attach any additional information:

#### Please Attach the Following:

- □ Completed Food Approval Form (if requesting food)
- Event Agenda, Poster/Flier, Event Advertisement, etc.
- Any additional information that will assist the committee in making their decision to allocate funding.

### **Requested by:**

**Requester Signature** 

Date

Advisor Signature

Date

Rev: 6/21/2016