

**APPLICATION FOR UAS PROGRAM FUNDS**  
**Academic Year 2008-2009**

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

\_\_\_\_\_  
Official Name of Sponsoring Group

\_\_\_\_\_  
Date of Event

\_\_\_\_\_  
Event Location (Bldg., Room No.)

\_\_\_\_\_  
Name of Contact Person/Title

\_\_\_\_\_  
Address of Sponsoring Group

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Address of Contact Person (if different)

\_\_\_\_\_  
E-mail address of Contact Person

\_\_\_\_\_  
Phone number of Contact Person

\_\_\_\_\_  
E-mail address of Contact Person after  
May 10, 2009 (if different)

\_\_\_\_\_  
Phone number of Contact Person after  
May 10, 2009 (if different)

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**I. Summary Description of the Event**

A. Please describe the Event: \_\_\_\_\_

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

B. How will it benefit the University Community? \_\_\_\_\_

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

C. Is the event open to all members of the University Community? \_\_\_\_\_

D. How does the event relate to the objective of the sponsoring group? \_\_\_\_\_

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

E. How many people are expected to participate? \_\_\_\_\_

F. Did you sponsor this event in the past?

- No
- Yes

If yes, please indicate the  
Approximate number of people attending: \_\_\_\_\_

Total cost of the event: \_\_\_\_\_

G. Have you received UAS Program Funds for previous events?

- No
- Yes

If yes, please indicate the  
Year: \_\_\_\_\_

Name of the event: \_\_\_\_\_

Amount awarded: \_\_\_\_\_

I. Provide a brief description of promotional efforts \_\_\_\_\_  
\_\_\_\_\_

H. How will you recognize UAS sponsorship in your promotional / event materials?  
\_\_\_\_\_

**II. Additional information that you believe will help the committee evaluate your request (such as event itinerary, promotional announcements, and event program)**

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

**III. Budget Summary**

A. Itemized List of Expenses:

(Specify in detail all expenses that will be incurred as part of the event)

Description of Expense	Cost
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Expense (A)	\$

\*\* Please refer to Guidelines #5 & #13\*\*

B. Revenues

Description of Revenue	Amount
Admission / Participant Fee (if any)	\$
Funds from your original budget	\$
Additional sources of financial support (other than UAS) – please list	
	\$
	\$
	\$
	\$
<b>Total Revenues – other than UAS (B)</b>	<b>\$</b>

C. Summary

Total Request	Amount
Total Expenses (A)	\$
Total Revenues (B)	\$
Total Request of UAS (A minus B)	\$

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please remember to include **12 additional copies** of this application for the Program Fund Committee to review.