

Application for Funding

2022-2023

**Events must be approved on Terplink through SORC (email proof)

Primary Group Contact Infor	mation
Program Chair Name	
Program Chair Email	
Program Chair Phone	
Treasurer Name	
Treasurer Email	
Treasurer Phone	
President Name	
President Email	
President Phone	

Student Organization Information

 Full Name of Student Organization

 Name of Program

 Brief Description of the Event (Please specify if the event is in-person, virtual, or hybrid)

Event Information	
Location/Platform of the Event	
Has this space been placed on hold with Campus Reservations? (Check if Yes)	
When is Payment due for the Location?	
Date of the Event	
Time of the Event	
Anticipated Attendance	
Previous Year's Attendance	
Will tickets be sold? (Check if Yes)	
Admission Amount	
Is your group a University Registered Student Organization? (Check if Yes)	
Is your group recognized with SGA?(Check if Yes)	

Additional Sources of Funding

The SEE Funding Board cannot solely fund any event nor be the sole co-sponsor. Please indicate here other sources of funding, including SGA accounts and bank accounts from outside sources. Remember to attach your SGA budget and/or last bank statement to your email!

Organization	Amount of Funding	Contact Information (Name, Email, Phone)

Line Item Information & Guidelines

The SEE Funding Board funds the categories on the following pages. For more information on what we can and cannot fund, please view the SEE Funding Board Bylaws located at <u>see.umd.edu</u>

For on-campus costs, use quotes from appropriate departments (Campus Reservations, Stamp AV, UMPD, etc.). For off-campus costs, documentation varies.

For all cost information, make sure to list a contact name and telephone number of the person who quoted the information. Re-providing program chair information will not suffice.

Performer's Fees

Includes the actual fee the performer would charge and costs for transportation, hospitality needs, hotel, etc. This fee is all-inclusive, meaning payment must be issued in one sum to one recipient (i.e., an agency or artist), even if there are separate costs.

*SFB will limit performer's to two per event.

Expected Total Cost		Amount Requested from SFB	Allocated Amt. (SFB USE ONLY)
Estimated cost information			
Contact (Name, Phone)			

Venue			
Cost of space reservation. If this	s is virtu	al and no costs are associated, please	e leave this blank.
Recommended Contact: Cam	npus Re	eservations- <u>http://thestamp.umd.edu</u>	/events/event_services_
Expected Total Cost		Amount Requested from SFB	Allocated Amt. (SFB USE ONLY)
Estimated cost information			
Contact (Name, Phone)			

Production			
Includes AV equipment, lighting, a	nd so	ound, in addition to all technical equi	pment necessary.
Recommended Contact: Campus Reservations (see above); Stamp AV http://thestamp.umd.edu/shop_services/technology_services.html			
Expected Total Cost		Amount Requested from SFB	Allocated Amt. (SFB USE ONLY)
Estimated cost information			
Contact (Name, Phone)			

Promotion

Includes printing costs for ads, flyers, handbills, and posters, in addition to the cost of designing materials. Recommend Contact: Stamp Copy Services-- <u>http://www.dbs.umd.edu/copy</u>

Expected Total Cost		Amount Requested from SFB	Allocated Amt. (SFB USE ONLY)
Estimated cost information			
Contact (Name, Phone)			

Security			
The cost for police and police aids to be present for the event. Please use this section to explain how you will keep this event safe. Recommended Contact: Captain Laura Dyer, UMPD—Idyer@umpd.umd.edu			
Expected Total Cost	Amount Requested from SFB	Allocated Amt. (SFB USE ONLY)	
Estimated cost information/ Safety protocols			
Contact (Name, Phone)			

Anything not covered in the other five categories. Please list detailed information, and be aware that the SEE Funding Board cannot fund costumes or food.

Recommended Contacts—Event Management Handbook--

http://www.stamp.umd.edu/reservations/event management handbook.html and SEE Review Board & Bylaws – ter.ps/sfb

Expected Total Cost		Amount Requested from SFB	Allocated Amt. (SFB USE ONLY)
Estimated cost information			
Contact (Name, Phone)			

Total Cost		
Total Expected Cost	Total Funding Outside of SFB	Total Requested from SFB

Checklist and Signature (Please read CAREFULLY before submitting)

Proofread (Check if Yes)

Provide exact costs and documentation for all amounts (Check if Yes)

Double check cost quote information (Check if Yes)

Attach your Budget to this document (Check if Yes)

Attach your Campus Reservations Form to this document (Check if Yes)

I have read, do understand, and intend to follow the directions and guidelines for SEE Review Board funding. I can also attest that my organization is registered with the Office of Campus Programs. I did not sign any contracts relating to my event prior to completing this form.

Program Chair Name	
Program Chair Signature	

Date

Our Policy

It is the goal of the SEE Funding Board to promote diversity within event programming and to provide financial assistance to University registered student organizations.

Other	
How did you hear about SFB funding?	

Please save this application and send as an email attachment to Helen Wang, SEE Funding Director, at <u>SEEfunding@umd.edu</u>; and Abby Callas, SEE Funding Advisor, at acallas@umd.edu

Thank you for completing this application form and for your interest in the SEE Funding Board. If you have any questions, please contact SEEfunding@umd.edu

To be filled by SFB only: