Touro College of Osteopathic Medicine - New York Student Government Association

GRANT REQUEST FORM
Spring 2011

Dear TouroCOM Students,

If you are the treasurer or CFO of an official or potentially official TouroCOM club/committee that is requesting SGA funding for an event that was NOT included in your club/committee’s Semester Budget Request Form, please fill out pages 2-3.

The total amount of money allocated to the grant pool will be determined by the Budget Committee. Grant request forms must be submitted as a HARD COPY to the treasurer and will be approved by the Budget Committee on a rolling basis. Once the total funds in the grant pool are exhausted, no more grant requests will be accepted.

If you need an example of a completed form or have any questions please email the SGA Treasurer. You will be notified by email if your request is granted, denied, or if more information is required.

All the best,

Ann Long
OMS-2, TouroCOM
SGA Treasurer
ann.long@student.touro.edu
(714) 423-3903
**PART A:** Basic Information

1. Name of Organization:

2. Semester/year:

3. Number of students in club:

4. Number of active members: (Active members as described in the club’s bylaws)

**PART B:** Itemized Budget Allocation Request

*Numerous items may be entered in each row. For example, if you are planning on having two catered meetings, enter them both into line 2 with their corresponding dates, purpose, and amount. Do not focus on entering items in the proper line – it is only important that all the items are entered somewhere. Please keep it legible and use the back of this paper if necessary.*

<table>
<thead>
<tr>
<th>Line #</th>
<th>Purpose</th>
<th>Amount ($)</th>
<th>Explanation</th>
<th>Tentative Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Speakers/Performers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Catered meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Transportation (non-conference)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Events</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART C:** Questionnaire

1. Please explain how any itemized budget requests in PART B, which you suspect may not be obvious to the Budget Committee, supports the mission statement of TouroCOM and the SGA.
2. Is there anything else you would like to add which you feel may impact the outcome of your budget request?

**PART D: Agreement**

*I hereby affirm that the information given above is accurate and, that this request has been approved and submitted in accordance with my club’s constitution and bylaws.*

Signature ____________________________________________  Date ______________

President/Chair (Print name) ________________________________________________

Signature ____________________________________________  Date ______________

Treasurer/CFO (Print name) ________________________________________________