Organization Incentive Fund
Request Form

Organization Name: ____________________________ Account Number: _______________________

Requested Amount: ____________________________________________________

How many members does your Organization have? __________

How much money is currently in your organization’s account? __________

Does your Organization collect dues? (Circle):

YES NO

Will it be a campus-wide event? (Circle):

YES NO

Is your Organization planning on doing any Fundraising? (Circle):

YES NO

If yes, then please explain:

Please describe the purpose for which the money will be allocated, in 100 words or less:

What is the projected cost of this event/initiative/etc.? _____________________________

Start Date of event/initiative/etc. ____/_____/____ __________

End Date of event/initiative/etc. ____/_____/____

Please describe how the use of the money will benefit the campus and the students, in 100 words or less:

Do you understand that if SGA GIVES YOU incentive funds and you do not report on how the funds were used your organization will be fined $25? ________

Name of Officer Submitting Form: _____________________________________________________

Name of Advisor: ____________________________________________

Organization President Name and Signature: ____________________________________________

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Submit to SGA Leadership Director *******************************