



DEADLINE: March 30, 2009

GUILD CAMPUS GIFTS GRANT PROPOSAL

Name: _____ Date: _____

Title: _____ Department: _____

Program/Organization: _____ Phone: _____

Campus Address: _____ E-mail: _____

Supervisor or advisor signature: _____

Applicant is Student Organization Academic Department Administrative Department

TOTAL MONEY REQUESTED: \$ _____ . _____ [min \$500, max \$5,000]

University Budget Account #: _____ - _____ - _____ (required)

Please answer the following questions to help us better understand your organization's purpose and financial need. You may attach a sheet with your answers.

Please give a brief project summary, describing how the allocated funds would be used.

How will this significantly benefit VU students and/or directly impact campus?

If the Guild cannot provide full funding for requested amount, will you accept partial funding?

Yes No

If yes, how much funding will still fulfill the need? \$ _____

Have you already received or are you planning on seeking supplemental financial assistance for this project through other grants, fundraising or department budget dollars?

Yes No

If yes, what percentage of the total project are you asking the Guild to fund? _____ %

If the project involves the alteration of space, furnishings, landscaping and/or signage, has it been approved by the Campus Planning and Space Allocation Committee?

Yes No Not applicable

How did you hear about the Guild Campus Gifts Grants?

Please note: The Guild Campus Gift Grants will be awarded in October 2009.