Program Funding Proposal

Organization:__________________________________________________________

Requested By:______________ Title:______________ E-mail:______________

Name of Program:_______________________________________________________

Date of Event:____________________ Time of Event:__________________________

Location of Event:____________________ Estimated Attendance:______________

Make Check Payable To:____________________ E-mail:________________________

(Note: A check cannot be made to an organization; it must be made to one person.)

DESCRIPTION (attach additional pages, if necessary):

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

URHC OFFICE USE ONLY

DATE RECEIVED: DATE OF EXECUTIVE BOARD MEETING:

DATE OF URHC MEETING:

NUMBER OF REPRESENTATIVES PRESENT AT MEETING:

VOTE: YES: NO: ABSTENTIONS:

AMOUNT GRANTED:

CHECK PAYABLE TO: DATE CHECK NEEDED:
## URHC Funding Proposal Program Itemization Form

Please list below the itemized expenses for your program. You may attach an additional itemized form, if needed.

<table>
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<th>ITEM</th>
<th>PRICE</th>
<th>QUANTITY</th>
<th>TOTAL</th>
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SUBTOTAL

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TOTAL EXPENSES: $__________

## CONTRIBUTING MONETARY SOURCES

Please list all sources of revenue including sponsoring by organizations. Please do not include the amount being requested from URHC.

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<th>SOURCE</th>
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TOTAL CONTRIBUTIONS __________

AMOUNT REQUESTED FROM URHC __________

We certify that all information on this request is accurate:

Signature of President of Sponsoring Organization ___________________________

Signature of Treasurer of Sponsoring Organization ___________________________
URHC Program/Event Evaluation Form

Name of Organization:________________________________________________________

Name of Event:_____________________________________________________________

Date of Event:_____________________________________________________________

Attendance:_______________________________________________________________

Name of person submitting form:____________________________________________

AMOUNT GRANTED BY URHC:_______________________________________________

EXCESS FUNDS FROM EVENT:_______________________________________________

Please discuss how the event went:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

REMINDER: Please return ALL receipts along with this form to the URHC Office no later than a week following your program.