



# Funding Application for the University Unions Student Events Center Events CoSponsorship Committee

## Instructions

Type ALL information. If you have any questions, please call the Student Events Center at (512) 475-6630. Turn in this application and answers to the questions on page 1 at least 5 weeks prior to your event date to the Student Events Center, UNB 4.312.

## Please Read / Important Information

1. ECC funded events must be open to all current UT students and must take place on the UT Austin campus.
2. Funding **cannot** be used for organizations' charitable donations. While ECC will fund charitable events, funding will be considered a loan that must be repaid in full.
3. All items funded by ECC must be purchased by the University Unions. The University Unions will not reimburse any purchase.
4. If admission is charged, ECC will reduce its contribution by the amount of the profit made by the student organization.
5. Any tangible or material item funded by ECC must be rented or disposable.
6. Funding cannot be used for conference or workshop registration fees. However, if an organization is hosting an unrestricted attendance conference, then funding may be used for expenses such as speaker fees, advertising, room rental, etc.
7. ECC funding is not available to events cosponsored by other University Unions committees.
8. ECC will not fund food or nonperishable expenses such as office supplies, T-shirts, etc.
9. You will receive an email confirmation of receipt as soon as your application is received.
10. You will be contacted within 7 days of the email confirmation for an update on the status of your application. If you have not been contacted, please call (512) 475-6630 for more information.

## Contact Information

Organization Name:

Primary Contact Person: Phone: Email:

Secondary Contact Person: Phone: Email:

*The Student Events Center Events CoSponsorship Committee will notify only the contact person(s) listed above. If funded, future correspondence and official business will only occur with the Primary and/or Secondary contact(s).*

## Program Summary

Event Title: Date:

Location: Time:

Amount Requested: Total Cost of Program:

How did you hear about ECC?:

## Additional Information

*Type the answers to all of the following questions on one separate sheet of paper.*

1. Please provide a brief description of your organization (including number of active members).
2. What are the anticipated demographics and size of the audience for this event?
3. How do you plan to market your event?
4. What have you done thus far to prepare for the event (finance, organization, reservations, etc.)?
5. Please provide a brief description of your event (and include the purpose and goals of your program).
6. Is this a charitable event? If so, please provide a few details including how donations or pledges will be collected, who the charity will benefit, and any other relevant information.
7. Will you be collecting money via admission or selling items at your event?

FOR INTERNAL USE ONLY
App Rec'd:
Org Contacted:
Presentation Date/Time:
Copied:



### Instructions

Applications must be typed and filled out completely. Enter ALL costs associated with the program in the **Total Estimated Costs** column. Enter amounts you would like ECC to consider in the **Amount Requested from ECC** column. *Italicized items are NOT funded by ECC.* Enter the items you are requesting in the Priority section on page 3. **All** items you list in the Expenses section must also be listed in the Priority section.

Organization Name: \_\_\_\_\_

Event Title: \_\_\_\_\_

Location/Capacity: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time: \_\_\_\_\_

Expenses	Total Estimated Costs	Amount Requested from ECC
Talent Fee 1		
Talent Fee 2		
Airfare		
Hotel		
Other		
Venue Rental		
Equipment Rental/Physical Plant		
Sound/Lights		
Decorations		
Security		
Sign Interpreter		
Other Venue/Personnel		
Banners		
Posters/Flyers		
Daily Texan		
Other Advertising		
Programs		
Event Supplies		
<i>Food/Drink (not eligible for ECC funding)</i>		
<i>Prizes/T-shirts (not eligible for ECC funding)</i>		
<i>Other (not eligible for ECC funding)</i>		
<b>TOTAL</b>		

### Funding Request Priority

	Item Requested	Vendor Name and Contact Info	Brief Description	Total Cost
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
TOTAL REQUESTED				

*If you have requested more than 10 items for ECC funding, please prioritize the top 10 requests and the remaining will be discussed in the interview.*

### Tentative Income and Attendance

Admission	Estimated Attendance		Cost Per Person	=	Total
UT Students		x		=	
Faculty/Staff		x		=	
Other Students		x		=	
General Public		x		=	
Total Admission Income					

### Other CoSponsorships (NOT including ECC)

Source	Amount	
Total CoSponsorships		

Your Organization's Contribution

Total Income