The SGA New Student Organization Start-Up Grant was established during fall semester 2010 to enrich educational and student life activities at the University of Southern Indiana. This grant is awarded to a NEW registered student organization during their first academic year (upt to $300). Return completed application packets to the Dean of Students Office (UCE 1229). Please submit applications at least four weeks prior to the date that funds will be needed. You will be notified of the date of committee meetings and attendance is optional, unless requested by the SGA Chief Financial Officer. Be sure to check your email for date, time, and exact location.

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**Eligibility & Budget Requirements**

**Q: Who is eligible and what is the purpose of funding?**

**A:** Purpose: It is the SGA's mission to enrich a University of Southern Indiana University student's education outside of the classroom through the encouragement of social, cultural, recreational, and professional development opportunities for the student body. SGA recognizes the vital role organizations play in the carryout of this mission and allocates funding for the organizations to assist in implementation.

**Q: What is the Maximum Award?**

**A:** No organization can receive more than $300.00 per academic year in total awards.

**Q: What do you have to do to be eligible?**

**A:** - All funding requested are subject to approval by SGA.
- Only organizations that have officially registered in the office of Student Development may receive funding from the Student Government Association.
- All organizations requesting funding must have an account with the Bursar's Office.
- Internal operations expenses are eligible for funding.
  - Internal operational expenses are: advertisement, supplies to carry out the mission statement and / or purpose, benefits that extend to members of the organization only.

**Requirements & Uses For Funding**

- Must be newly registered with The Office of Student Development
- Must be approved by the office of Student Development
- Must have approved By-Laws and Constitution
- Must have identified a faculty advisor as well as a fiscal agent
- Submit a proposed budget detailing all plans

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**NEED MORE INFORMATION?**

Contact SGA at (812) 464-1873 or sgagrantchair@gmail.com
APPLICATION FORM

All information must be completed

Organization applying grant: ___________________________ Fund No.: __________

President: ___________________________ Phone: ___________________________

Address: _____________________________________________________________________

Email address: _____________________________________________________________________

Person preparing request: _____________________________________________________________________

Campus Phone: ___________________________ Cell Phone: ___________________________

Email address: _____________________________________________________________________

Advisor: ___________________________ Phone: ___________________________

Advisor Email: _____________________________________________________________________

After the application has been submitted, the SGA Chief Financial Officer will contact you to schedule a meeting.

Student Government Association’s Acknowledgement of Compliance Protocol (please initial that you understand)

____ Failure to receive an accurate budget three weeks before the event
____ False or misleading information
____ Failure to document information
____ Failure to turn in copies of receipts for the full amount granted and/or evaluation form within ten (10) class days after the event
____ Failure to advertise SGA as a sponsor during the event
____ Failure to follow University of Southern Indiana’s regulations, rules, policies and procedures

Upon signing below, it is expected that all information presented will be true and correct to the best of your ability. Be advised that if you provide any false information, you will be in direct violation of Section 2.16 of Student Rights and Responsibilities: A Code of Student Behavior, and judicial action may be taken against you. By signing below, you are also saying that you have read and understand all of the information included in this packet.

_______________________________________    _____________________________________
Signature of organization president                              Signature of organization advisor
**PROGRAM BUDGET**

Please provide a detailed, estimated budget for your event.

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<th>Description of Item</th>
<th>Estimated Cost</th>
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Total Expenses: ______________________

**Income:**

What funds have been approved from other sources? ________________________________

___________________________________________________________________________

What funds have been requested but have yet to be approved? _________________________

_______________________________________________________________

What funds are being provided by the requesting organization? ________________________

___________________________________________________________________________

If you are showing a profit in your budget, is it your intent to contribute this profit to a charitable organization? _______________________________________________________

___________________________________________________________________________

Total Income: ________________________

**Amount Requested from SGA***: ________________________

*The Amount Requested from SGA = Total Expenses minus Total Income.*
QUESTIONS

Please answer the following questions thoroughly.

1. What are the criteria for membership in your organization? Is there a fee? If so, how much and approximately how many paid members do you currently have?

2. What is the purpose of your organization?

Grant Specific Questions

1. As a new student organization, what are your goals for the academic calendar year?

2. Please explain any events or initiatives you have planned for this upcoming academic calendar year.

3. What is your plan for advertising your new student organization to the campus?

4. How do you plan to recruit members for your student organization?

For Office Use Only:

Date Received: ______________ Contact Applicant to set hearing ____________ Hearing ____________________

Recommended Allocation __________ GA Vote ______________ Final Allocation ______________

Contact with Results ___________ Receipts Received ___________ Funds Transferred ______________

Signature: SGA Chief Financial Officer