Request for Funding

☐ New Organization Funding
☐ Emergency Funding

Date

Name of Organization

$ Total Amount Requested $

Please attach a QUOTE from a vendor for anything you will be purchasing!

➢ What are you requesting funds for?

➢ When will this activity/event take place? (Must be at least 2 weeks from Funding Meeting date)

➢ Where will this activity/event be held?

➢ What is the purpose of this activity/event?

➢ How will this activity/event benefit the students of FAU?

A representative from your organization MUST be present at the COSO Meeting to present the request in order to be eligible for funding.
Organization Member Contact Information:

- Name: __________________________
- FAU Email: _____________________
- Phone: __________________________

Fundraising Information:

- What fundraisers, if any, has your organization had this semester?
- How much money has your organization raised in fundraisers this semester?
- Check here if your organization has not done any fundraisers [ ]

Active Membership Information:

- How many active members do you have in your organization this semester?
  (CollegiateLink is used to verify)

________________________________________  ____________________________
Organization Member Signature            COSO Staff Signature

Please check here if your organization received any New Organization or Emergency Funding this semester [ ]