

82 Washington Square East | steinhardt.gso@nyu.edu

Funding Request Proposal

Date Submitted: _____

Department Funding Request

Club Funding Request

NOTE:

- A) This form must be submitted at least **TWO WEEKS** prior to the event via email to steinhardt.gso@nyu.edu.
- B) GSO sponsorship must be acknowledged at all events supported by GSO funds.
- C) Reimbursement requests must be accompanied by original **ITEMIZED** receipts.

Name (of contact person): _____

N #: _____ NYU Email: _____

Phone Number: _____ Date of Event: _____

Club / Dept. Name: _____

Title of Event: _____

Total # of participants expected: _____ Club/Dept. Advisor Name: _____

Advisor Signature: _____ Advisor contact Email: _____

BUDGET BREAKDOWN:

Hospitality (NOTE: GSO FUNDING WILL NOT COVER ANY ALCOHOLIC BEVERAGES):

a. Where you purchase from (restaurant or vendor name): \$ _____

b. What type of food or drink:

Performance/speaker fees (list by artist/speaker):

a. _____ \$ _____

Promotional (advertising, publicity):

a. _____ \$ _____

Miscellaneous (décor, space rental, supplies etc.):

a. _____ \$ _____

b. _____ \$ _____

TOTAL PROPOSED EXPENSES \$ _____

Description of Program:

Please include information about the type of program, length of program, and any other pertinent information.

Purpose of Program:

Please include information on how this program will enhance the experience of Steinhardt students, faculty, and staff and any other relevant information you would like the committee to have.

Payee Name: _____ Amount Requested \$ _____

* Please keep your original receipts for reimbursement after your event.

Questions about this funding proposal may be directed to steinhardt.gso@nyu.edu. Additionally, please indicate if you would like GSO to advertise this event in our E-newsletter and our publicity chair will contact you for more information.

No, but thanks for your kind offer.

Yes, I want to advertise our event. (Please provide a short blurb for your event)