



**REQUEST FOR  
SGA CO-SPONSORSHIP  
FUNDS**

**STUDENT GOVERNMENT ASSOCIATION • OKLAHOMA STATE UNIVERSITY**  
**REQUEST FOR SGA CO-SPONSORSHIP FUNDS**

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All requests will be reviewed by the SGA Budget Committee at its weekly meeting. The budget request must be turned in by Wednesday at 5 p.m. to 211Q Student Union in order to be heard at the next weekly Budget Committee meeting. The Budget Committee Chair will contact your organization to specify the next available date and time to meet with the committee. Requests may or may not be approved for the full amount.

If the committee approves the request, the request will be brought before the SGA Senate for approval at its next meeting. The SGA Senate meets on Wednesdays at 7:00 pm in Case Study 2 in the Student Union. If the SGA Senate approves the request and the legislation is signed, funds in the approved amount will be distributed into the group's account within 14 business days.

At least one representative from the requesting group will be contacted and must be present for the Budget Committee and Senate meeting. The group representative(s) will be asked to briefly explain the request. All completed co-sponsorship forms must include a typewritten budget for the event.

**GUIDELINES:**

1. Student Groups must be either registered or recognized student groups in order to receive co-sponsorship.
2. Recognized Student groups shall be limited to \$1,500 of co-sponsorship per semester.
3. Registered student groups shall be limited to \$500 per semester.
4. Co-Sponsorship funds allocated to Recognized groups for travel activities shall not exceed \$300 per person.
5. Funds allocated for activities/events but not used shall be paid back to the co-sponsorship account within thirty (30) days of said activity/event. Failure to do so will place the group on probation for one (1) year.
6. A group receiving co-sponsorship will provide the Budget Committee and the SGA Senior Administrative Assistant with an itemized expenditure report of the total event budget as outlined by the committee. The report shall include duplicates of receipts and, if any, advertising and/or promotional materials for the co-sponsored activity/event and will be given to the budget committee within thirty (30) days of using the allocation or the event's conclusion, whichever is later. If a group fails to turn this report in, the said group will be put on probation for one (1) year.
7. Co-sponsorship funds shall not be allocated for the purpose of paying for debt and or the reimbursement of funds already spent by the club or organization.
8. Co-sponsorship funds shall not be allocated for the purpose of paying for food and drink.
9. All events co-sponsored by SGA must mention SGA in advertising and/or promotional materials for said event. If a group fails to mention SGA in their advertising and/or promotional materials for the co-sponsored event, the said group will be put on probation for one (1) year.

For further clarification of the guidelines please look at the SGA By-Laws Title 1 Section 9.4. The SGA By-Laws are available at:

[www.osusga.okstate.edu](http://www.osusga.okstate.edu)

If you have any questions, please call:

SGA Office  
744-6500

**ALL COMPLETED FORMS ARE TO BE RETURNED TO 211Q Student Union**

**STUDENT GOVERNMENT ASSOCIATION • OKLAHOMA STATE UNIVERSITY**  
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Group Name: \_\_\_\_\_

Is your group       Registered       Recognized

*If you do not know the status of your organization, call Campus Life and verify.*

Are you in good standing with Campus Life and your umbrella organization?       Yes       No

Group Account Number (*If you do not know call Campus Life*): AA – 9 –

*Groups must have obtained a campus account before funding request can be processed.*

Contact Name: \_\_\_\_\_

Affiliation with Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name of Activity/Event: \_\_\_\_\_

Date of Activity/Event: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**All events co-sponsored by SGA must mention SGA in advertising and promotional material**

Types of Advertising: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Advisor's Name	Campus & E-Mail Address	Phone
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President's Name	E-Mail Address	Phone
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Treasurer's Name	E-Mail Address	Phone
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**STUDENT GOVERNMENT ASSOCIATION • OKLAHOMA STATE UNIVERSITY  
PROGRAM STATEMENT**

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Who will benefit from this program: \_\_\_\_\_

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Number of estimated OSU students participating: \_\_\_\_\_

Number of estimated alumni participating: \_\_\_\_\_

Number of estimated staff participating: \_\_\_\_\_

**Expected Income for/from Program: (Include all Donations, Sponsorship and Fundraising)**

<u>Item</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Income Subtotal: \_\_\_\_\_

**Expected Expenditures for Program: (SGA cannot pay for food, drink, or debt)**

<u>Item</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Expenditures Subtotal: \_\_\_\_\_

Total Request (Must be equal or less than Net Total): \_\_\_\_\_

**STUDENT GOVERNMENT ASSOCIATION • OKLAHOMA STATE UNIVERSITY**  
**ORGANIZATIONAL INFORMATION**

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Number of years organization has been active on campus: \_\_\_\_\_

Approximate number of dues paying members: \_\_\_\_\_

Average amount of dues collected per semester: \_\_\_\_\_

Approximate number of presently active members: \_\_\_\_\_

Has your organization received Co-Sponsorship previously? \_\_\_\_\_

Briefly describe the purpose of your group: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***For Recognized Groups only:***

Group Name: \_\_\_\_\_

Umbrella Organization (Normally College Council): \_\_\_\_\_

*Your umbrella organization is the group that oversees you in the AFAP process. If you do not know what your umbrella organization is, call Campus Life and find out.*

Contact Information for Umbrella Organization:

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

President or Advisor of Umbrella Organization Please Read and Sign:

I hereby, certify to the best of my knowledge that the above-mentioned group is a member of my constituency and is in good standings according to our By-Law and Constitution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***For Office Use Only:***

Campus Life Status:    \_\_\_ Frozen    \_\_\_ Inactive    \_\_\_ Active

SGA Status:            \_\_\_ Probation    \_\_\_ Unrestricted