

## Campus Life Development Fund (CLDF) Request Form

The following provides general information about your program/event and should be completed upon requesting funds from CLDF. This information will help the committee determine the allocation of funding. Groups requesting **\$999 or less** will not be required to make a formal presentation. Groups requesting **\$1,000 or more** will be required to provide a 3-4 minute presentation to the committee. **New student organizations that emerge within the academic year are limited to requesting \*seed money.** For more information, please see the [CLDF Guidelines](#).

**All groups requesting funds from Campus Life Development must submit the Request Form (per event), [Advisor Verification/Authorization Form](#) and [Budget Spreadsheet](#) via email to [vpsa@shsu.edu](mailto:vpsa@shsu.edu).**

- Budget spreadsheet must show an itemized estimate of total expenses for the program/event.
- **All** forms must be submitted at the same time. Applications with incomplete information will not be processed.
- Submit one request form per event.
- No paper copies will be accepted. All forms must be submitted electronically.

To qualify for funding, your program/event must meet one (1) or more of the following criteria. Check (√) all that apply.

- Programs/events that encourage students to remain on campus for weekend activities.
- Programs/events that encourage students to become involved in volunteer services.
- Programs/events that foster campus pride and spirit.
- Programs/events that encourage students to become involved in learning communities.
- Seed Money. (*\*intended for new student organizations. The purpose of seed money is to assist an organization as it grows, and is limited to \$500*)

### Contact Information

Name of Organization Requesting Funding (As it appears on tax document or other official documents):
Contact Person First Name:
Contact Person Last Name:
Position in Organization:
SHSU Email Address:
Phone Number:
Advisor's Name:
Advisor's SHSU Email Address:
Advisor's Phone Number:

### About Your Program or Event

Title of your program/event:		
Where will your program/event be held?		
Date and time of your event?		
Purpose of your program or event (please describe in detail):		
Estimated cost for your program or event?	Amount you are requesting:	
Estimated number of attendees:		
Will you be charging for this event? (Y/N)	If yes, how much will you charge per person?	
Will other organization(s) be collaborating with you? (Y/N)	Will these organization(s) help with the cost of the event? (Y/N)	Name of Organization(s):
Additional Notes: *Additional documents may be attached with request		