

# K-State Healthy Decisions BUDGET REQUEST FORM:

**This form is due at least 28 days before your event.**

Student services and student groups must complete a separate budget request form for each project for which funds are desired from K-State Healthy Decisions (HD). Please note that a maximum of five projects may be requested in any fiscal year period, July 1 - June 30. Projects must follow the mission and values of K-State HD, e.g., focus on making healthy decisions in all aspects of life. K-State HD reserves the right to decline funding for any project deemed not of substantial educational benefit to the KSU student body. Funding will be given on a first come, first served basis until all funds have been used. Please include as much information as possible about your project. If you have any questions, please contact the K-State HD Coordinator or OSAS Accountant in the Office of Student Activities and Services at (785)532-6541.

**All groups receiving funding are required to note that K-State HD is co-sponsoring the event and must include our logo & web address on any publications or promotions for that event.**

## DEPARTMENT OR ORGANIZATION INFORMATION:

Name of Department and/or Organization \_\_\_\_\_

If you are a student organization, are you registered with the Office of Student Activities and Services? \_\_\_Yes \_\_\_No  
Your organization must be registered at least 45 days before your event if you are a new group or you have not been registered for the last 2 years.

*Please list a contact person who is knowledgeable with regard to your request and is willing to answer questions.*

Contact Person \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Advisor \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## PROJECT INFORMATION:

School Semester/Year \_\_\_\_\_ Date of Project \_\_\_\_\_ Title of Event \_\_\_\_\_

General Description of Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Budget Estimate: Lecturer/Speaker Fees: \_\_\_\_\_

Promotions: \_\_\_\_\_

Other costs (please describe): \_\_\_\_\_

Are you requesting and/or receiving funding from SGA? \_\_\_Yes \_\_\_No

If yes, how much have you requested? \_\_\_\_\_ received? \_\_\_\_\_

**HD OFFICE USE ONLY:** Date \_\_\_\_\_ Received By \_\_\_\_\_

Registered Organization \_\_\_Yes \_\_\_No

Do not fill in shaded regions. Categories can include: Speaker's Fee, Promotions (flyers, Collegian Ad)

CATEGORY	REQUESTED	RECOMMENDED	ALLOCATED
	\$	\$	\$
TOTAL			

\*Your group may receive up to \$500 total per program.

What is the **educational benefit** of this project and/or how would it benefit **K-State students**? How does it meet values and mission of K-State HD?

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Is this a new project or have you conducted similar projects in the past? \_\_\_\_\_

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Where will this event be held? \_\_\_\_\_

What is the expected KSU student attendance at your project? \_\_\_\_\_

How did you calculate that estimate? \_\_\_\_\_

Lecturers or Speakers Name \_\_\_\_\_

Lecturers or Speakers Residence (City, State) \_\_\_\_\_

Lecturers or Speakers Topic \_\_\_\_\_

Lecturers or Speakers Credentials (education, career, publications) \_\_\_\_\_

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**ADDITIONAL INFORMATION:**

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