## Student organization support

The goal is to provide funding and support for RIT student club and organization events and activities that promote diversity and inclusion on campus. In order to increase DDI’s outreach and support for its student population, a limited amount of funds have been allocated to provide sponsorship opportunities. This centralized DDI sponsorship effort provides an efficient and simple means for RIT student clubs and organizations to request sponsorship funds for events and activities. Events and activities should adhere to the mission and vision of the Division of Diversity & Inclusion.

### Allowable and Non-Allowable Expenses

* Allowable: General event and activities costs (FMS, food, printing, etc.)
* Not Allowable: Support cannot be used for salaries or to purchase alcohol
* Not Allowable: Support will not be allocated to support individual student travel

### Funding Criteria

* Funding support from the Division should not be the sole source of funding for the event
* Must have an RIT sponsored account for fund transfers or reimbursements
* Must have an impact on the RIT campus community
* Must turn in receipts for reimbursement within 48 hours of event or activity completion
* Must turn in event attendee list within 48 hours of event or activity completion
* Must use the DDI or corresponding department identifier on all promotion materials

### Funding application Process

If your student organization/club is seeking funding for an event that promotes diversity & inclusion, please read and complete the application below. The form and supporting documentation should be emailed to the DDI Financial Director, Ricki Wensel, rlwnsc@rit.edu.

* A request must, first, be made to the Student Government Association (SGA) and the ALANA Collegiate Association (ACA) for support prior to applying for funding from DDI.
* Requestor must submit completed application to the DDI Financial Director, Ricki Wensel, rlwnsc@rit.edu at least 3-4 weeks prior to the event date.
* Committee members will review applications and decide level of funding.
* The Financial Director will respond to the request and follow up with funding logistics.

For accounting purposes, please be very careful to **KEEP ALL** of your **RECEIPTS**.

## Student Support application

**Club/Organization Information**

Requestor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Club or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is responsible for your club/organization (SG, College/Dept., etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s RIT Faculty/Staff Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Financial Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Information:**

Name of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please, briefly describe the goals and purpose of the event*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Number of expected event participants: \_\_\_\_\_\_\_ Students \_\_\_\_\_\_\_\_\_\_ Faculty/Staff \_\_\_\_\_\_\_\_\_ Others

|  |
| --- |
| Event Budget |
| Supplies  |  |
| Decorations |  |
| Food |  |
| Other |  |
| Other  |  |
| **Amount Requested** |  |

### Funding Request

Please provide a breakdown of your event’s budget. Also please feel free to add additional items as necessary below.

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

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

We request that you disclose other funding sources & other requests that you have made, or will be making.

Name: SGA Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: ACA Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_