

# Special Allocations Application

GRADUATE AND PROFESSIONAL STUDENT SENATE  
FINANCE & BUDGET COMMITTEE



**REQUIRED:**

Attach an Event Budget Planning Worksheet listing all expenses for this event, whether estimated or confirmed. Attach most current quotes and estimates from vendors.

<b>Total Amount Requested from GPSS</b>	
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**RSO and EVENT INFORMATION**

Full RSO Name \_\_\_\_\_ SAO Adviser \_\_\_\_\_ Today's Date \_\_\_\_\_

RSO Officer Name \_\_\_\_\_ UW Email \_\_\_\_\_ Phone \_\_\_\_\_

Event Name \_\_\_\_\_ Event Date(s) \_\_\_\_\_

Event Location(s)	Admission Prices:	
	Students	Non-Students
Door Sales		
Advanced Sales		

Description of Event:

Description of RSOs mission and goals:

Description of student membership within RSO:

Has your RSO received GPSS funding in the past?    Yes    No

Has your RSO presented this program in the past?    Yes    No    *If YES, please answer the following:*

How many people attended your event?		Where was the event held?	
How many students attended your event?		How much did you charge for admission?	

**ANTICIPATED AUDIENCE**

Who is your primary audience for this event?

What is the expected attendance at your event?

Undergraduate		Faculty/Staff	
Graduate and Professional		Non-UW	

**FUNDING SOURCES**

Have you attached the Event Budget Planning Worksheet listing all itemized program costs and financial co-sponsors (including GPSS)? Yes      No

**CONDITIONS of FUNDING**

*Please read each condition and check the corresponding box to affirm your agreement.*

By accepting funding from GPSS, our RSO agrees to:

- Include GPSS logo on all event promotional materials
- Verbally announce GPSS as a funder of your event
- Admit at least one member of the GPSS Finance & Budget Committee to your event, free of charge
- Provide GPSS with the total number of event attendees after the event has occurred
- Report to GPSS the total monetary amount of external funding received
- Return 15% of the net profits to GPSS to promote the continuation and growth of the Special Allocation Fund

***I certify that I have read and will abide by the policies for the GPSS Special Allocations.***

\_\_\_\_\_  
 RSO Officer Name & UW Email \_\_\_\_\_  
 Date

**FOR OFFICIAL USE ONLY**

DATE RECEIVED	AMOUNT APPROVED	DATE APPROVED

\_\_\_\_\_  
 GPSS Treasurer Approval \_\_\_\_\_  
 Date

\_\_\_\_\_  
 SAO Adviser Approval \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Project Code