

RHA Co-Sponsorship Application

Co-Sponsorship application must be submitted 2 weeks prior to the start of the event.

Program & Applicant Information

Program Title:	Program Location:	Program Date and Time:
How does this event benefit residents and build community in the residence halls?		Anticipated Program Attendance:
Your First Name:	Your Last Name:	
UR Email:	Phone Number:	
Organization Name:	Position in Organization:	Organization Email:
Has this program been done before? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If Yes, When?	
Has your organization received funds from RHA in the past? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, how much was awarded and when? \$	
Anticipated Funds Requested from RHA \$	Funds Requested from other Sources (who & how much)? \$	
Funds Supplied by your own organization? \$	Final Funds Used (if different from anticipated funds) \$	

- **BUDGET:** The application for funds should contain a detailed breakdown of how all funds will be spent. Please show all sources of funding and provide a breakdown of where the RHA co-sponsorship will be spent (flip over).
- **MARKETING:** In addition to the budget breakdown, we also request a copy of any marketing materials (physical or digital) you will be using to distribute your program's information. If we approve your funding request the RHA logo, which we will email to you, should be displayed on all promotional materials as a program sponsor.
- **RECEIPTS:** Any receipts must be submitted to Susan B Anthony Hall Area Office in 104 Morgan within **1 week** of the event. We must have the originals but encourage you to make copies for your records. If the amount on the **Detailed Budget Information**
- **REIMBURSEMENT:** No reimbursement will be given until we get the receipts, and if the Receipt does not match what was listed in your funding request, we reserve the right to modify or reject RHA funding for the event.
- **CONTACT:** If you have any Questions, please email uroc.rha@gmail.com

#Item	Description	Retailer	Quantity	Unit Price	Total Price
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Additional Notes:				Subtotal:	\$
				Tax:	\$
				Total:	\$

Total Amount to be Reimbursed:	Who should the check be made out to:

Office Use Only:

Approved by:		Approved on:	
Was the Receipt Received?	Date Received:	Reimbursement Processed: YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If No, Why?

ADDITIONAL NOTES: