

Department/Program Event Fund Application

Please allow a minimum of 2 weeks for your request to be processed

Requestor Name(s) and Department(s):

Email for primary event leader(s): _____

Email for department admin: _____

Proposed Event Title: _____

Date of event: _____

In 120 words or less, please describe your proposed event (include intended audience and projected interest of students):

[Type here]

Proposed Budget for Event:

Funding Need	Cost
TOTAL	

Other funding sources identified in support of event:

Funding Source	Amount
TOTAL	

Total requested amount from Dean's Event Funding	
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Signature of primary event leader(s) Date

Signature of chair or director of primary event leader(s) Date

*Please email the completed application to Pam Page- pamela_page@uri.edu and Angelique Beckmann-
ambeckmann@uri.edu.*

You will be contacted after your application has been reviewed. If approved, funding details will be provided.

Dean's Office Approval: _____

Amount: _____ Date: _____

Chartfield String: _____