RESIDENCE HALL STUDENT ASSOCIATION

Proposal # _____
For _____
Against _____
Abstentions _____
Amount Passes $ _____

Funding Proposal Form

Funding Proposal Forms are due by 3:00 pm on Tuesdays in either the
Residential Life Resource Center & Leadership Office (McCarty 334B) OR
Terry Advisory (if no one is there, please slip it under the door).
Also, you must send an e-mail confirming you submittal to amaras@u.washington.edu

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Proposer: _____ **Phone**: _____
Hall/Room#: _____
Position: _____ **Email**: _____

Type of Program (circle one): Educational Community Building Cultural

Program Title: _____ **Date(s)**: _____
Location: _____ **Time**: _____ am/pm
Participants: _____ **Cost to Participate**: $_____
Sponsor(s): _____ **Est. Attendance**: _____

Total Amount Requested from **RHSA**: $

Other sources of funding : _____ **Phone**: _____ **Amount**: $_____

The Process

1.

a) A proposal of **$50.00 or less** may be approved by the RHSA Executive Board by means of a Rubberstamp without prior approval of the RHSA General Council.

b) All proposals **over $50.00** must be presented **in person** at RHSA General Council. The proposer ***must*** be present at RHSA General Council to receive funding and to answer questions concerning the proposal, ***no proxies are allowed***. Details of the program must be attached to the Funding Proposal as stated on the front of this sheet.

c) Proposals in excess of **$250.00** must also be presented **by the proposer** at the RHSA General Council meeting **IN ADDITION** to being referred to each individual Residence Hall Council for approval, ***no proxies are allowed,*** this process takes **3 weeks**.

2. All proposals involving funding of food items or transportation **must** not be in excess of $2.00 per person.

3. The RHSA Publicity Guidelines require that Advertising **MUST** be posted no less than **6 full days** prior to event, that all RHSA sponsored programs must have advertising other than by word of mouth and ***must*** contain the phrase "**Sponsored by RHSA**". Also existing printed advertisement must recognize RHSA as a sponsor no later than 24 hours after funding has been granted. RHSA Publicity guidelines are available in the Leadership office (McCarty 334B). You may e-mail any questions to the RHSA Treasury Director: **amaras@u.washington.edu**; subject: **Funding Proposal question**.

4. For other Specific guidelines, refer to the official RHSA Constitution which is available at the Leadership Office (McCarty 334B) or on the RHSA website at http://students.washington.edu/rhsaweb.

Reimbursements

For payment of reimbursement to be made:

1. SEPARATE receipts for food and non-food items; ice is considered a non-food.
2. Attach receipts ($**200.00 or under incl. tax**) for reimbursement to follow-up form (within 7 days of program end date).
3. For reimbursements, a petty cash form will be used, **return** the pink copy to the Treasury Director after reimbursement.
4. ...Question?? Please don't hesitate to ask!!!

Signatures

I have read and understand the requirements that are stated on this funding proposal form and those stated in the RHSA Constitution and By-Laws and agree to comply therewithin. I understand that failure to do so will result in a review by the RHSA Treasury Director and may result in withdrawal of funding from RHSA.

Signature: _____ **Date**:_____

I have read and am fully aware of this program and that it adheres to the policies set by the Department of Housing and Food Services. I agree to assume full responsibility should sanctions be taken by RHSA and/or the Department of Housing and Food Services.

Signature of Residential Life Team Member (AA, RD): _____

Date: _____ **Position**: _____ **Phone**: _____

The following **must** be attached on a separate piece of paper:

- ☐ Complete cost breakdown for RHSA money
- ☐ Detailed Description of Program
- ☐ Methods and Examples of Advertising
- ☐ Also, send submittal e-mail to amaras@u.washington.edu

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Funding Follow-up Form

Detach and Complete follow-up form. This ***must*** be turned in to the Treasurer's Box in the **Residential Life Resource Center & Leadership Office**, McCarty 334B, within 7 days of the proposed date of program.

Propose: _____ Phone: _____
Program Title: _____ Date(s): _____

Amount Received from RHSA: **$** **Amount actually spent**: **$**

Other sources of funding : _____ Amount: $ _____
_____ Amount: $ _____

Evaluation of Program **(must be completed):**

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For Office Use Only:
Form: PC #