Financial Management Board (FMB) Fund Appeal

This form must be turned into the Club Coordination Council (CCC) at least 2 weeks before the scheduled event. Place the form in the appropriate Division Chair's Mailbox outside the CCC office (314 LaFortune in the Club Resource Center) and contact the CCC by email (ccc@nd.edu). A meeting will be scheduled with the club and the CCC division before the appeal will be addressed with the CCC or Council of Representatives. Please note that the Collaboration Fund is based on a first come first served basis, so please plan accordingly.

Sponsor Information:		Date Submitted:
Club #1 Name:		
Contact:		
Contact Signature:		Date:
Advisors Signature:		Date:
Co-Sponsor #1		
Contact:	E-Mail:	Phone Number:
Contact Signature:		Date:
Advisors Signature:		Date:
Co-Sponsor #2		
Contact:	E-Mail:	Phone Number:
Contact Signature:		Date:
Advisors Signature:		Date:
Co-Sponsor #3		
Contact:	E-Mail:	Phone Number:
Contact Signature:		Date:
Advisors Signature:		Date:
Co-Sponsor #4		
Contact:		
Contact Signature:		Date:
Advisors Signature:		Date:
Event Information:		
		Event Date:
		Locations
		Ti
Audience:		
Appeal Request: \$	Club Acade	emic Year Allocation: \$

Event Budget: EXPENSES: INCOME: Club #1 Contribution: Honoraria/Entertainment: Department Support: Travel: Donations: Lodging: Fundraising: Food: Aid from Co-Sponsor #1 Advertising (Observer): Aid from Co-Sponsor #2 Advertising (Other): Aid from Co-Sponsor #3 Copy Expenses: Aid from Co-Sponsor #4 Supplies: Other: _____ Other: _____ Other: _____ Other: _____ **TOTAL INCOME: TOTAL EXPENSES:** Appeal Request: \$ _____ Reason for Appeal: If the appeal is not granted: **Terms of Agreement** Club#1 Responsibilities: Co-Sponsor Responsibilities: Additional Information: _____ OFFICE USE ONLY: CCC Division Recommended Amount: \$ _____ Approved FMB Amount: \$_____ CCC Signature: _____ FMB Signature: _____ Comments: _____