

# **Club Coordination Council Contingency Fund Appeal**

Use this form when *one club* needs funding for an event that was not budgeted for or exceeds original budget expectations.

- ❖ 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).
- ❖ Contact the appropriate Division Chair by email.
- ❖ A meeting will be scheduled with the club and the CCC division before the appeal will be addressed with the CCC.
- ❖ Please note that the Collaboration Fund is based on a first come first served basis, so please plan accordingly.

## **Club Information:**

Date Submitted: \_\_\_\_\_

Club Name: \_\_\_\_\_

Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CCC Allocation: \$ \_\_\_\_\_ Concession Stand Profit: \$ \_\_\_\_\_ FOAPAL account balance: \$ \_\_\_\_\_

RecSports Account Balance\*: \$ \_\_\_\_\_ (\*Athletic clubs ONLY)

Number of active members: \_\_\_\_\_ Dues deposited to date: \_\_\_\_\_ Dues per member: \$ \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the appeal is not granted: \_\_\_\_\_

\_\_\_\_\_

## **Event Information:**

Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

\_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Times: \_\_\_\_\_

Audience: \_\_\_\_\_

Expected Number of Attendees: \_\_\_\_\_

## **Event History:**

Brief History: \_\_\_\_\_ Past Budget: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this event relied on CCC or CoR appeals before? If so, when:

\_\_\_\_\_

**Event Budget:**

**INCOME:**

FOAPAL Account: \$ \_\_\_\_\_  
Department Support: \$ \_\_\_\_\_  
Donations: \$ \_\_\_\_\_  
Fundraising: \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL INCOME:** \$ \_\_\_\_\_

**EXPENSES:**

Honoraria/Entertainment: \$ \_\_\_\_\_  
Travel: \$ \_\_\_\_\_  
Lodging/Facility Rental: \$ \_\_\_\_\_  
Equipment: \$ \_\_\_\_\_  
Uniforms/Apparel: \$ \_\_\_\_\_  
Food: \$ \_\_\_\_\_  
Advertising (Observer): \$ \_\_\_\_\_  
Advertising (Other): \$ \_\_\_\_\_  
Copy Expenses: \$ \_\_\_\_\_  
Supplies: \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL EXPENSES:** \$ \_\_\_\_\_

*Total Income-Total Expenses:* \$ \_\_\_\_\_

**Appeal Request\*:** \$ \_\_\_\_\_

\* - If Appeal Request exceeds \$1,000, please attach a full budget, explaining all income and expenses in detail.

OFFICE USE ONLY:	
CCC Division Recommended Amount: \$ _____	Approved CCC Amount: \$ _____
CCC Members in Interview: _____	
Date of Interview: _____	Time of Interview: _____
CCC Division Signature: _____	CCC President Signature: _____
Comments: _____	
_____	
_____	