

**Proposal for Funding**  
**Date:** \_\_\_\_\_

**GENERAL INFORMATION:**

- **Name of Club/Organization:** \_\_\_\_\_
- **Club/Organization President:** \_\_\_\_\_
- **Proposal Submitted By:** \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**EVENT INFORMATION: PART I**

- **Title of Event:** \_\_\_\_\_
- **Date of Event:** (circle one) – M T W TH F S SU - \_\_\_\_\_
- **Time :** From \_\_\_\_\_ to \_\_\_\_\_
- **Event Description / Purpose:**  
(Please use the following space to succinctly describe the nature of your event. Provide a clear synopsis of your event, in terms of why you are proposing it on behalf of you club/organization, its relevance to your club/organization’s purpose, and any other additional information you would like to include)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Type of Event (Check All that apply)**

- Concert                                       Stage Production     Lecture  
 Panel Discussion                             Reception                 Workshop  
 Party     Dance/Social             Conference  
 Luncheon/Dinner                             Fundraiser: \_\_\_\_\_  
 Other: \_\_\_\_\_

• **Area Requested**

- Classroom: \_\_\_\_\_                       Lecture Hall: Carmen Hall B04, B08, B34, B36, B39  
 Faculty Dining Room                       East Dining Room  
 SLB Conference Room: 102                 SLB Conference Room: 111  
 SLB Conference Room: 112  
 SLB Central Meeting Hall:113 (circle one: 113-A / 113-B / BOTH )  
 Student Cafeteria (750 Capacity)         Student Lounge (258 Capacity)  
 Amphitheater                                 Plaza Areas: Carmen Hall, Shuster Hall  
 The Lovinger Theater                       Concert Hall  
 Gym     Dance Studio  
 Athletic Field                                 Kitchen (SLB 109, Gillet Hall)  
 Other: \_\_\_\_\_

• **Audience:**

- **Target Population:** (Describe the specific demographic this event would appeal to)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **This event will be for:**

**The Lehman College Community Only**

- Students
- Faculty/Staff

**Lehman Students (with valid I.D.) accompanied by 1 guest**

- **Note:** A guests must have a valid state I.D. This provision for an event is dependent upon the approval the Office of Campus Life.

**The CUNY-wide community (with valid I.D.)**

- **Note:** This provision for an event is dependent upon the approval the Office of Campus Life.

- **Estimated Number of Participants:** \_\_\_\_\_

**EVENT INFORMATION: PART II**

Use the following chart to detail the use of the requested funding:

<i>Item</i>	<i>Information</i>	<i>Estimated Amount</i>	<i>Actual Amount</i>
<b>DJ/Speaker</b>			
<b>Public Safety</b>			
<b>Food Service/Catering</b>			
<b>Buildings &amp; Grounds</b>			
<b>Other:</b>			
<b>Other:</b>			
<b>TOTAL:</b>			

**MARKETING PLAN:**

Indicate the resources you will be employing to market your event (check all that apply).

\_\_\_ **Flyers** (which must be stamped by the Office of Campus Life and should visibly showcase the Co-Curricular Committee logo)

\_\_\_ **Target Vision** (Powerpoint Advertisement)

\_\_\_ **Classroom Visits/Campus Walks**

\_\_\_ **Social Networking Websites:** (i.e. Facebook, Myspace, Twitter)

\_\_\_ **SA Link**

\_\_\_ **The Meridian**

\_\_\_ **CASA Representatives: Co-curricular Committee Members, Communications Officer, Entertainment Programmer**

\_\_\_ **Tabling Event**

\_\_\_ **Other:** \_\_\_\_\_

- **Note:** Coming to the Co-curricular Committee meetings prepared with thorough, interesting presentations will allow you to draft your marketing plan. Presentations are expected and should be no longer than 15 minutes in length; they can include, but are not limited to presenting powerpoints/drafts of tentative flyers, interesting skits/performances, background information about the components of the event, etc. Also, be prepared to answer questions related to the development of your event.

I have carefully reviewed my proposal and certify that the information provided is complete and accurate.

\_\_\_\_\_  
 Club/Organization  
 Representative

\_\_\_\_\_  
 Faculty Advisor

**For Use by the Office of Campus Life &  
 The Committee of Co-curricular Development  
 Only**

- **Date/ Time of Proposal Submission:**  
 \_\_\_\_\_
- **Date of Meeting:** \_\_\_\_\_
- **Status of Proposal:**  
 Approved: \_\_\_      Denied: \_\_\_      Tabled: \_\_\_
- **Signatures:**

\_\_\_\_\_  
 Co-curricular Committee Chairman  
 Board V.P.

\_\_\_\_\_  
 Financial Planner

THE COMMITTEE OF  
 CO-CURRICULAR DEVELOPMENT