Application for Funding

Please complete all requested information and return this form (please type) with a detailed breakdown of your total event budget to the Office of Hughes-Trigg Director (PO Box #750211), rowens@smu.edu. Applications must be submitted two weeks prior to your event by Monday at 5:00 PM to be reviewed and considered for funding by the EPIC Committee. If necessary, you or your student group representative will be contacted to meet with the EPIC committee after the application is received and reviewed. The Committee will meet weekly to review request and hear request presentations.

I. Contact Information

Primary Contact

Name: _____

Phone: _____

E-mail: _____

Secondary Contact

Name: _____

Phone: _____

E-mail: _____

Faculty/Staff Advisor(if applicable): _____

II. Event Information

Please provide a brief summary of your proposed event.

Event Date: _____

(Note: At least two weeks notice is required)

Event Start Time: _____ Event End Time: _____

(Note: Events concluding prior to 10:00 p.m. must provide compelling reasons for EPIC monetary support in order to be considered for funding. The committee reserves the right to decline or reduce funding for events scheduled to conclude prior to 10:00 p.m.)

Continued

Event Location: _____

Who is your intended audience? _____

Estimated number of attendees: _____

Is the event free to students; if not, what is the cost? _____

Is this event a fundraiser? If so, please specify the organization and the amount (or percentage) of proceeds to be contributed from this event.

How does this event/activity relate to the mission of the Alcohol and Drug Task Force Recommendations (http://smu.edu/smunews/liveresponsibly/)?

III. Funding Information

Amount requested from EPIC fund? _____
(Awards may extend up to $5000 for events scheduled after 10:00 p.m. or intended to draw a large segment of the SMU student population)

You **MUST** attach a break down of your events budget indicating:

1. **a breakdown of expenses to be covered by EPIC**
2. **a breakdown of other resources pending or you have received**
3. **a breakdown of your total event budget**

I, _____, on _____, do hereby agree to be held fiscally
(Individual/Organization representative) (Date)
accountable for any funding should it be granted. I understand acceptance of EPIC funds requires the student/student organization to provide receipts for EPIC monies spent and a completed EPIC evaluation form within one week after the sponsored event date (form may be obtained in the Student Center Directors office or online at www.smu.edu/saprograms .

Name of person completing application: _____

Signature: _____ Date: _____