

# Auxiliary Services Program Fund Application

Thank you for sharing an interest in providing quality programs for the SUNY Oswego campus community.

Enclosed in this packet are the guidelines, an application form, a budget outline, and a summary report form. Please pay close attention to the Program Fund Guidelines. These are the criteria whereby all applications for funding will be evaluated. Please note that funding for a prior year does not automatically ensure funding for this year.

The Program Fund Committee is a part of the Auxiliary Services Board of Directors, which is composed of students, faculty, alumni, and staff. This year the committee will allocate approximately $50,000 for campus programs.

Partial funding is frequently awarded because of the limited funds available or because certain items are in violation of the guidelines. In 2022, we received 35 applications, totaling over $93,400. We allocated $50,000 for these programs.

The completed application must be submitted by April 6, 2023 to 507 Culkin Hall.

Questions should be directed to the Executive Director of Auxiliary Services.

We look forward to reading your application.

## Auxiliary Services Program Fund Guidelines

The following guidelines are offered in the hope of encouraging well-planned proposals for students, faculty, and staff of the College.

The proposals that meet one or more of the following **criteria** will be considered for funding:

1. Proposals that benefit the students of SUNY Oswego by making it more feasible for their participation, or provide an experience that will benefit them academically, professionally, or developmentally.
2. Proposals that promote student engagement or involvement in SUNY Oswego.
3. Proposals that are consistent with the SUNY Oswego Strategic Priorities, and/or the 2022-2023 institutional goals.
4. Proposals that support innovative initiatives.

In addition:

-Proposals, if previously funded, must include a summary report.

-Proposals should be typed, well-organized, and professionally presented.

Auxiliary Services will not consider funding for:

* Honorariums or speakers
* Capital expenditures (equipment purchases, building renovations, etc.)
* The compensation of college faculty, staff, or students
* Travel
* Conferences
* Programs that celebrate religious events due to exclusivity

Further, in the interest of fairness, the Board will not fund proposals that:

* Are incomplete, unsigned by the requestor, or that do not provide specific budget data as requested.
* Are from a recognized student organization unless, in the opinion of the Board of Directors, it is a new idea that can be marketed to appeal to a broad campus demographic and has the potential to have an educational impact on the entire campus community.
* Are submitted by a member or members of the Board of Directors of Auxiliary Service.
* Are submitted from someone who is not a member of the SUNY Oswego campus community.
* Are of a duration that goes beyond the fiscal year, (June 1 to May 31), for which the funds are approved.
* Are contrary to the policies of SUNY, SUNY Oswego, or Auxiliary Services.

**Program Guidelines**

A summary report must be returned to Auxiliary Services upon completion of the program or prior to application for subsequent funding, whichever occurs first (see attached form).

Credit to Auxiliary Services for funding must appear in publications, advertising, and announcements for events.

Auxiliary Services reserves the right to cancel any award for a program that is conducted in violation of the Program Fund Guidelines. Recipients of the grant assume, as a condition of the application and notice of the award, liability for reimbursing Auxiliary Services for any funds expended in violation of the Program Fund Guidelines.

Following Auxiliary Services Board approval, all expenditures of program funds will be reviewed by the Executive Director to determine if they meet the intent of the proposal and are consistent with Auxiliary Services Guidelines.

If circumstances warrant a change in the justification, rationale, description, budget, or the administration of the program, it must be resubmitted to the Board for approval. In the event that such a program is executed without prior approval by the Board of Directors, the requestor will be held liable for funds expended.

**Did you remember to:**

* **Answer each question in the application?**
* **Fill out the budget completely?**
* **Sign the form?**
* **Turn in a summary report if the program has been funded by Auxiliary Services in the preceding year?**

**Program Fund Request**

Please answer questions 1-4 and furnish all requested budget information. All requests must be submitted on this form.

Title of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide in three or four sentences a concise description of the program:

2. What is the general purpose or specific goals of the program?

3. Which of the four criteria (see above) does this proposal support (please describe **how** for all that apply)?

4. Other information that would be useful to the Program Fund Committee:

**Estimated Budget**

Total cost of program: $ \_\_\_\_\_\_\_\_\_\_

Total amount requested from Auxiliary Services: $ \_\_\_\_\_\_\_\_\_\_

Request detail:

*(Separate food, promotion, printing, etc.)* Amount:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

(Total should match amount requested above) **Total: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Projected funds from other sources:

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

Realized funds (already committed) from other

sources:

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

Requested by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_

Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If submitting on behalf of or affiliated with an organization or department, please indicate:

## Auxiliary Services Program Fund Summary Report

To be completed following the execution of the program.

Title of Program:

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

Applicant’s Organization or Department

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

Please respond to the following questions.

Approximate number of people who attended or number of people who utilized the service (if applicable), and the number of people that were projected to use the service:

**Projected Actual**

Students: \_\_\_\_\_ \_\_\_\_\_

Faculty: \_\_\_\_\_ \_\_\_\_\_

Staff: \_\_\_\_\_ \_\_\_\_\_

List the goals of the program and its outcome:

Goal Outcome

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated Actual**

Total cost of program $ \_\_\_\_\_\_ $ \_\_\_\_\_\_

Expenditures intended for Auxiliary Services

**(separate food, promotion, printing, etc.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_ $ \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_ $ \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_ $ \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_ $ \_\_\_\_\_\_

Realized funds from other sources: **Amount**

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_

Please indicate how Auxiliary Services’ contribution to this event was acknowledged. (Attach information if necessary.)