

**S. G. A.**

**MATCHING FUNDS APPLICATION  
AND  
INFORMATION PACKET**

**2009-2010**

**LOUISIANA TECH UNIVERSITY**

# Louisiana Tech University

## *SGA Matching Funds*

### Application 2009-2010

Request up to \$200 in matching funds  
for an educational event or project.

**STEP 1: Obtain a Matching Funds Application and Information Packet from the Student Government Association Office.**

YOU HAVE COMPLETED THIS STEP!

**STEP 2: READ AND REVIEW THE INFORMATION.** The applicant is responsible for understanding all requirements for receiving matching funds and submitting all the information needed by **3:00 p.m.** on the Monday before it can be presented to the SGA Senate. Contact the SGA Office at 257-4565 with any questions.

**STEP 3: COMPLETE THE MATCHING FUNDS APPLICATION.** Provide information on the type of project, such as budget, support for project, number of students the project benefits, and relationship to organization and/or university mission. Attach supporting documentation to the application.

**STEP 4: SUBMIT THE COMPLETED MATCHING FUNDS APPLICATION.** Turn in the application to the Student Government Association Office in Tolliver Hall Room 211 or Room 212.

***Incomplete applications will not be considered.***

**STEP 5: REVIEW OF APPLICATION.** The Matching Funds Application will be reviewed by the Student Senate at the next regular meeting held each Tuesday at 6:00 p.m. in Davison Hall Room 213. A representative from the organization may want to attend this meeting to present the application. The request will be presented, but not voted on until the next regular meeting.

**STEP 6: NOTIFICATION OF DECISION.** The applicant will receive notification of the Senate's decision within one week. The Senate has the authority to grant \$200, partial funding, or no funding to the project. If the request is approved for an organization using a University account, the funds will be transferred to the organization's on-campus account.

***Checks can be picked up at the Student Activities desk in Tolliver Hall three weeks after approval.***

**STEP 7: COMPLETE THE FOLLOW-UP ACTIVITY REPORT.** If the proposal is accepted and a grant is received, **the Follow-Up Activity Report must be submitted to the Student Government Association Treasurer in Tolliver Hall within two weeks of the project's completion.**

# *Criteria for Matching Funds*

## **2009-2010**

### ***STEP 2: READ AND REVIEW THE INFORMATION.***

*The applicant is responsible for understanding all requirements for receiving Matching Funds. Contact the SGA Office at 257-4565 with any questions.*

The SGA provides assistance through matching funds to aid qualified/recognized student organizations in fulfilling the mission of the organization and in providing programs and activities that enhance the educational experience of the student body.

Any **recognized** student organization that is in good standing for one year and that has received recognition from the University for a minimum of one academic year is eligible. Procedures for forming an organization and the university guidelines for organizations may be found in the Student Handbook.

### ***Criteria for funding:***

- I. General Guidelines
  - A. Each organization may make a **maximum** of one request per quarter.
- II. Travel Related Expenses
  - A. Money can be used for registration to organizational conferences, tournaments, workshops, etc.

### III. Organization Programming and Services

- A. Money can be used to provide programming and/or services that benefit individual organizations.
- B. Money requested must serve as an educational benefit to the organization or must aid in fulfilling the mission of the organization.

### IV. Limitations on Spending

- A. Money requested may not be used to purchase alcohol or to pay for social events where alcohol is served.
- B. Money requested may not be used to pay for salaries of advisors, coaches, executive officers, or student members. (Money may be used to pay honorariums for speakers and guest lecturers).
- C. Individual members of the organization making the request may not receive personal benefit from the money requested.
- D. Money requested may not be used to provide scholarships.
- E. Equipment purchased through SGA Matching Funds must be located in a common area accessible to all members of the organization, not in a private residence or room.
- F. Money can not be requested for purchase of equipment or services for University Departments.

# SGA Matching Funds Application

## 2009-2010

### **STEP 3: COMPLETE THE MATCHING FUNDS APPLICATION**

Please fill out this form completely. It is very important that the application be as thorough and accurate as possible. Incomplete applications will NOT be considered.

## **I. ORGANIZATION INFORMATION**

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization President: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant's Name (if different than President): \_\_\_\_\_

Position (within the organization): \_\_\_\_\_

Faculty Advisor's Name and Email: \_\_\_\_\_

University Department: \_\_\_\_\_ Campus Phone #: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ (up to \$200)

Is the organization recognized and properly registered with the university?  
\_\_\_\_\_

## **II. ORGANIZATION FUNDING**

Has your organization tried to secure funds for this project outside of this request? For example: through sponsors, members of the organization, or the participants of the event/activity. Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your organization acquire funds? Through membership dues, donations, etc. (Attach a copy of last year's budget). \_\_\_\_\_  
\_\_\_\_\_

<i>For office use only</i>	
Date received: _____	Amount Requested: _____
	Amount Eligible: _____
Date reviewed by Treasurer: _____	Amount Funded: _____

### **III. EVENT OR ACTIVITY INFORMATION**

Project Title: \_\_\_\_\_ Date of Project: \_\_\_\_\_

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

Give a detailed overview of the project.

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What is the main objective for this project?

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What are the estimated costs of this project, and how will the funds be used? (Attach a budget, quotes, or other information that pertains to this project).

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How will this project promote/enhance Louisiana Tech University, the members of your organization, and/or the general student body? (Attach any brochures, letters, flyers, or anything else that supports this project).

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Other:

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**IV. STATEMENT OF FACULTY ADVISOR, ORGANIZATION APPLICANT, AND DIRECTOR OF STUDENT DEVELOPMENT**

*Statement of Faculty Advisor:*

To the best of my knowledge, the above application reflects a worthwhile student project, which will favorably enhance Louisiana Tech University through its members or the general student body.

Other comments:

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\_\_\_\_\_  
**Faculty Advisor's Signature**

\_\_\_\_\_  
Date

*Statement of Organization President:*

I understand and agree to abide by all of the rules and regulations of Louisiana Tech University and the SGA matching funds criteria. I understand that any funds received from this program are to go solely for the activity described in this application. I also understand that if I do not abide by the rules outlined in this application, my organization may be ineligible for matching funds in the future.

\_\_\_\_\_  
Organization President's Signature

\_\_\_\_\_  
Date

*Statement of Director of Student Development*

*(located in the Student Activities Office in Tolliver Hall):*

\_\_\_\_\_ has been a registered organization on the campus of Louisiana Tech University for at least one year and is currently in good standing.

\_\_\_\_\_  
Director of Student Development

\_\_\_\_\_  
Date

\_\_\_\_\_  
SGA Executive Officer

\_\_\_\_\_  
Date

# Follow-Up Activity Report 2009-2010

## **STEP 7: COMPLETE THE FOLLOW-UP ACTIVITY REPORT.**

***If the proposal is accepted and a matching fund grant is received, the Follow-Up Activity Report must be submitted to the Student Government Association Treasurer in the SGA Office in Tolliver Hall within two weeks of the project's completion.***

Organization: \_\_\_\_\_

President's Name: \_\_\_\_\_

Project Title: \_\_\_\_\_ Date Project Completed: \_\_\_\_\_

Did you feel that the grant you received made your project more successful? Why or why not?

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

Did you use the funds allocated to your organization in the manner you requested them?

\_\_\_\_\_

Please give a summary of the completed project:

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

Other comments:

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

\_\_\_\_\_  
Organization President's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

# **REMINDER:**

***\*\*Failure to turn in the Follow-Up Activity Report within two weeks of the project's completion will result in the forfeiture of an organization's ability to receive future matching fund grant requests. \*\****