SGA Organization Budget Request

Club’s Name _____________________________________________________

President’s Name _____________________________________________________

Advisor’s Signature _____________________________________________________

Please provide the following information by April 15, 2014 so that the SGA Council can adequately project budgetary needs for the 2014-2015 academic year. All budget requests must be neatly printed or typed. Please call Katherine Jones at (410)-334-2892 if you have any questions.

**Column 1:** Program/Event Description (Describe every event you anticipate for next year).

**Column 2:** Date Requested (Indicate the date you plan to schedule the event).

**Column 3:** Rating (Choose from the following ratings: (1) social; (2) recreational; (3) educational; or (4) cultural.)

**Column 4:** 2013-2014 attendance (Report the number of faculty, community, and guests.)

2014-2015 attendance (Projected number of faculty, students, and guests expected to attend the program/event. If this is a new activity only complete the projected column.)

**Column 5:** Cost per participant (Divide the amount of Column 6 by the amount of Column 4.)

**Column 6:** Amount (List the total projected cost for each event.)

**Grand Total:** Total the amount for each line and record them under column 6.

<table>
<thead>
<tr>
<th>(1) Event Description</th>
<th>(2) Date Requested</th>
<th>(3) Rating</th>
<th>(4) 2013-2014 Reported</th>
<th>(4) 2014-2015 Projected</th>
<th>(5) Cost</th>
<th>(6) Amount</th>
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</table>

Grand Total $_______.00

Carry over if applicable (-) $_______.00

Total Request to SGA $_______.00