Funding Request Form

Live Well UT, The University of Tampa

#  Please Type (Handwritten submissions will be rejected)

Date of request: [type here]

Contact name: [type here] Contact phone number: [type here]

Contact email: [type here]

**Live Well Initiative:** [type here]

**Purpose of funding (you may select/highlight more than one):**

* Event supplies
* Food/drink for event
* Promotional materials
* Gift for guest speaker
* Training/Continuing Education
* Other: [type here]

**Event Name:** [type here]

**Event Date:** [type here]

**Event Time:** [type here]

**Has your group/organization/person(s) checked the supply closet for any of these supplies?**

 If so, what will you be using: [type here]

#  How will this funding help the UT campus and your organization in the future? (This answer is required.)

#  Itemized Breakdown of Funding/Supply Request

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Quantity** | **Cost** | **Link**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL:** |  |  |  |

\*If you will be purchasing your own supplies locally using the P-card, please put the store where you will be purchasing from under the “Link” column.

**Thank you for your submission of this request. We look forward to serving you and our student population’s needs for health and wellness education. Please understand that not all requests for appropriations will be funded and are based on the initiative’s budget.**

**A friendly reminder:**

* **Funding Request Forms must be submitted to** **apertkiewicz@ut.edu** **at a minimum of two weeks or (10) business days prior to event date. Please type “Funding Request Form” in the subject line if submitted via email.**
* Requests that are not submitted in time cannot be guaranteed approval. Our recommendation is that entities submit Funding Request Forms and associated documents two weeks prior to an event date.
* Requests to purchase gift cards at locations outside of The University of Tampa campus will be denied.
* Failure to abide by the associated guidelines, rules, and/or deadlines may be grounds for the rejection of this funding request.
1. Incomplete, inaccurate, or late submissions will not be considered.
2. A representative must be present at all Live Well UT meetings

I, hereby agree to the above-mentioned terms and conditions associated with this Funding Request Form. I swear and affirm that the information contained in these documents is a true and correct representation.

I further swear and affirm that any items funded for my organization, or I receive on behalf of an organization will be utilized for only those expenses for which they were approved.

[type here] [type here]

*Requestors Initials Date*