



The Alliance for Community Enrichment

MacVittie Union Rm 316 • Geneseo, NY 14454

Ph: 585.245.5854 • Fax: 585.245.5284

Alliance for Community Enrichment Funding Request Form

Today's Date: ___/___/___ Date of Event: ___/___/___

Date Received:

ACE Approved:

Name of Organization: _____

Co-sponsoring Organizations (If any): _____

Event Contact Person

Name: _____

Campus or Cell Phone: _____

Campus Email: _____



Name of Event: _____

Location: _____ Date: _____ Time: _____

Estimated number of attendees: _____

Breakdown of Expenses (including tech services):

Item	Quantity	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Cost of Event: \$ _____ Amount Requesting: \$ _____

Is there an admission charge: \$ _____

I verify that this request for money has been brought before the above-named organization and that this organization is asking for the funds indicated above. _____ (Signature of Organization President)

Please attach a brief, typed rationale on what the event is, why you believe this event is needed, and a full price breakdown on what the money for this event will be spent. These steps are necessary for your reading to be placed on the agenda