Funding Request Form- Center for Leadership, Academic and Student Success (Title V)

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| --- | --- | --- | --- |
| Program/Event title: |  |  |  |
| Date of Event:  | Click or tap to enter a date. | Date of Submission: | Click or tap to enter a date. |
| Contact name: |  | Contact email: |  |
| Phone number: |  | Department: |  |

## Instructions:

## What budget code does this request fall under?

##  Choose an item.

1. **Attach a description of the goals, objectives, timelines, target population and the benefits to department/LSC/community**

Click or tap here to enter text.

1. **Provide a complete budget for the project with cost of items such as: personnel, equipment, materials, printing, postage, space, and travel. Include other sources and amounts of revenue including above, ticket sales, sponsorships, etc**

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| --- | --- | --- |
| **Quantity** | **Item** | **Cost** |
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**Total:** Click or tap here to enter text.

1. **How does this event relate to Title V?**

Click or tap here to enter text.

1. **Within 30 days of the completion of the project, please submit a report including information on how the program benefited LSC students and community, number of student/LSC community participants and their role in the program, etc**

For questions and administrative support, contact:

Katherine Hernandez

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**For office use only**

Project funded: [ ]  Yes [ ]  No Stipulations: Click or tap here to enter text.

Funded Amount: $Click or tap here to enter text.