

Date: _____

Total amount Requested: \$ _____

Concessions Board Proposal Cover Sheet

Name of Group/Department/Unit: _____

Name/Title of Contact: _____

AU E-mail address: _____

Telephone number: _____

Please give a brief description of your request:

Brief checklist (if applicable):

Letter(s) of support from sponsor/supervisor: []

Investigated additional/alternate funding: []

Student organizations:

 Officially recognized by University []

 Sports Club, Campus Recreation approval []

Proposal includes:

 Line item budget (include matching funding): []

 Explains who benefits: []

 Shows something positive for AU: []

Facilities has signed off on:

 Furnishings []

 Architectural alterations to plant/building: []

Departmental/Unit ship to address (pending approval):

Signatures:

Requestor

Sponsor/Supervisor

Amount recommended by Board: _____