

**FCI Funding Request Form**

Name of project/event: \_\_\_\_\_

Date(s) of project/event: \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_

**Primary contact information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Event sponsor: \_\_\_\_\_

**Names and campus affiliation of other event participants:**

Participant: \_\_\_\_\_ Campus affiliation: \_\_\_\_\_

Participant: \_\_\_\_\_ Campus affiliation: \_\_\_\_\_

Participant: \_\_\_\_\_ Campus affiliation: \_\_\_\_\_

**Total Budget \$ \_\_\_\_\_**

(Please attach a detailed budget description that includes the source of revenue/support, whether or not it is confirmed and all anticipated expenses.)

**Description of event:**

How is this event related to the Consortium's purposes and activities? Who is the target audience and how will it be promoted to that audience? What clear benefits would be provided to the Five Colleges community?

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Signature of person responsible for event: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed form with attachments to: [FCIexecdirector@fivecolleges.edu](mailto:FCIexecdirector@fivecolleges.edu)****For office use only**

Approved or Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Funding: \_\_\_\_\_