

Office of Academic Affairs
Application for Special Event Funding

Applicant Name: _____ Date: _____

Sponsoring Dept/Unit: _____

Project Synopsis, emphasizing its relationship to the academic mission of SUNY New Paltz (attach additional sheet if necessary):

Project Dates:

Amount requested from Academic Affairs:

Honorarium payment	_____
Guest speaker's/guest artist's travel expenses (provide itemization)	_____
Other expenses (provide itemization)	_____
Total requested from Academic Affairs	_____

Other revenue sources and amounts:

_____	_____
_____	_____
_____	_____

Events advertised to the general public may require sign language interpretation services.

If applicable to your proposal, please indicate the estimated costs for these services:

Advertising to the general public must be done in accordance with the Campus policy for determining such accommodations. If your proposal is selected for funding, and if after proper advertising procedure it is determined that sign language interpretation services are necessary, Academic Affairs will cover the expense. You may contact the Disability Resource Center at x3020 for information regarding proper advertising procedure to determine whether or not accommodations will be required.

Applicant Signature Date

Dean/Director Signature Date

(This signature confirms that the dean/director received this and has forwarded it to Academic Affairs)

Department Chair Signature Date

Please return completed applications to the Office of Academic Affairs, HAB 801