

**CLUB SPORTS BUDGET PROPOSAL FORM – 2011-2012**

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At the beginning of each school year, registered club sports are asked to submit their proposed budget to the Club Sports Committee. Clubs are encouraged to supplement university funding through their own resources. Each club is requested to complete the following funding request form for their 2009-10 budget needs. The Club Sports Committee will review all budgets received and allocate available funds. Prior to the allocation and distribution of funds, student representatives of the Club Sports Committee will meet with each club to review the budget process and offer assistance in completing the forms.

All funding request forms should be completed no later than **NOON, 2<sup>nd</sup> Friday of September 2012** and returned to **Justin Stafford or Risa Dieken, 261 2<sup>nd</sup> Floor Gibbs Rec Administration**

- **Budgets received after the deadline may be denied financial assistance.**
  - **Clubs must register with the Office of Student Activities by the budget deadline.**
  - **The Program Registration Form, Membership List, signed Participation Agreements (waivers), Motor Vehicle Record Check, Coach/Instructor Contract, Fall Space Request Form, and a copy of the club's fall schedule must be returned with the budget proposal.**
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**CLUB NAME:** \_\_\_\_\_

President: \_\_\_\_\_ Email: \_\_\_\_\_

College: \_\_\_\_\_ Phone: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Email: \_\_\_\_\_

College: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Dept.: \_\_\_\_\_

Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

**Miscellaneous information:**

Number of members: Active: \_\_\_\_\_ Inactive: \_\_\_\_\_

*Note: A waiver must be completed for each active member before funds can be used.*

Last year your club was awarded: \$ \_\_\_\_\_

Budget prepared by: \_\_\_\_\_ On: \_\_\_\_\_, 2012

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**EXPENSE SUMMARY:**

League Dues and Membership Fees: \$ \_\_\_\_\_  
Travel Expenses: \$ \_\_\_\_\_  
Officiating Costs: \$ \_\_\_\_\_  
Cost of Equipment/Supplies: \$ \_\_\_\_\_  
Insurance Expenses: \$ \_\_\_\_\_  
**Total Expenses:** \$ \_\_\_\_\_

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**EXPENSE BREAKDOWN:**

In the spirit of the honor code, please be as accurate as possible when estimating expenses. Give a detailed breakdown for all expenses. Remember, detailed justification of your club's expenses will help the Club Sports Committee understand your club's budget needs, and enable the Committee to distribute funds in a fair and equitable manner. Please list expenses in order of priority within each section. The Committee may require additional information if the budget is not complete, which could delay the allocation of funds to all clubs.

**League Dues and Membership Fees:** \$ \_\_\_\_\_

League Membership: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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**Travel Expenses:** \$ \_\_\_\_\_

Please attach an additional sheet outlining specific travel expenses including dates and locations of games/tournaments, entry fees, hotel costs, anticipated gas expenses, etc. Please remember to submit this information in the order of priority so that funds can be allocated in an appropriate manner.

**Officiating Costs:** \$ \_\_\_\_\_

Number of games where your team is responsible for covering officiating costs: \_\_\_\_\_

Number of officials present per match: \_\_\_\_\_

Cost per official (please note if there are differences in pay for different officials): \_\_\_\_\_

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**Cost of Equipment/Supplies:** \$ \_\_\_\_\_

Please fill out the Equipment and Supplies Wish List on the following page. Also, please complete the Equipment and Supplies Inventory attached.

Why is this equipment needed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For major equipment (one time purchases or items over \$250) please provide two or three price quotes from vendors for major equipment needs. If possible, attach a copy of the vendor estimate or catalog.

**Insurance Expenses:** \$ \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Items Being Insured: \_\_\_\_\_  
\_\_\_\_\_

**Coaching Expenses:** Do you pay any coaching expenses? If so, how much?  
*Note: Coaching expenses are not reimbursed by Club Sports University Funds.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REVENUE:**

Is your club interested in fund raising activities and learning how to fund raise? \_\_\_\_\_  
\_\_\_\_\_

Please list all sources of anticipated revenue including dues, team employment, gifts, and fundraising activities. How much money do you anticipate receiving from each source? Please add additional sheets if needed. Note that this information will not harm your club in the budget allocation process. This is simply to let the committee members know what kind of responsibility you are taking for funding those expenses not covered by the club sports fund.

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|-----------------|------------------|
| 1. Source _____ | Amount: \$ _____ |
| 2. Source _____ | Amount: \$ _____ |
| 3. Source _____ | Amount: \$ _____ |
| 4. Source _____ | Amount: \$ _____ |

**TOTAL ANTICIPATED REVENUE:** \$ \_\_\_\_\_

## CLUB SPORTS TRAVEL WORKSHEET

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Return with Budget Proposal form. Please photocopy and add additional sheets if needed.

Trip to:		
Purpose:		
Leaving:		Returning:
Method of Travel:	Number of Travelers:	Lodging (include each night):
Contact Person:		Contact Phone:

Funding Breakdown (Food will not be subsidized):

Gas or Vehicle Cost		
Lodging		
Registration Fees		
Other (Please Specify)		
Total (Move to Budget)		

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Trip to:		
Purpose:		
Leaving:		Returning:
Method of Travel:	Number of Travelers:	Lodging (include each night):
Contact Person:		Contact Phone:

Funding Breakdown (Food will not be subsidized):

Gas or Vehicle Cost		
Lodging		
Registration Fees		
Other (Please Specify)		
Total (Move to Budget)		

## CLUB SPORTS EQUIPMENT AND SUPPLIES WISH LIST

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Type of Equipment:	
Quantity:	Unit Price:
Expected Life Span:	Total Price:
One Time:	Recurring:

Type of Equipment:	
Quantity:	Unit Price:
Expected Life Span:	Total Price:
One Time:	Recurring:

Type of Equipment:	
Quantity:	Unit Price:
Expected Life Span:	Total Price:
One Time:	Recurring:

Type of Equipment:	
Quantity:	Unit Price:
Expected Life Span:	Total Price:
One Time:	Recurring:

Type of Equipment:	
Quantity:	Unit Price:
Expected Life Span:	Total Price:
One Time:	Recurring:

