

Grant Proposal

Student Organizations & Specialty Committees – VCOM–Virginia Campus

- Guidelines:** Student Organizations and Specialty Committees may submit **up to** three (3) requests for additional funding per academic year. Additional funding (a.k.a. “Mini Grants”) are typically awarded in amounts ranging from \$100 to \$500. Additional funding requests are not awarded for conference travel or registration fees. To be eligible for consideration, proposals must:
- Be tied with a proposed or approved event/outreach activity
 - Fund service and outreach projects, preferably in the local Blacksburg area **–OR–** Cover expenses for a meaningful student enrichment activity that ties to the VCOM mission
 - Demonstrate that the award will be used to directly fund service, education, outreach, and/or enrichment expenses that benefit VCOM students at large
 - Be submitted as early in the year as possible, since additional funding monies are limited

Organizing Team Information

Sponsoring Organization: _____

Student Org President: _____
(or Specialty Committee Chair)

Student Coordinator for this Project: _____

Student Org Treasurer: _____

Faculty Advisor: _____

Description of Project

Project Name: _____

Project Overview: _____
(200 words or less) _____

Location of Project: _____
(City/State/Country)

What is the primary purpose for this project? _____

What is the secondary purpose for this project? _____

Financial Impact

Projected Expenses

Please provide an estimated breakdown of expenses in the table below. This information helps us gauge eligibility. You do not need to provide costs up to or above the grant amount. We want you to be accurate.

Medical outreach activities, please note: Remember to include the cost(s) of consumables (bandages, gauze, vaccines, test strips, etc.)! These items must be purchased by the group – do not assume they are “free” from Clinical Affairs / SIM Center. See your faculty advisor or Watson Edwards (SIM Center) for guidance. With enough advance notice, they may be able to help you place your order at a reduced cost.

Item Description	Quantity Needed	Cost Per Item <i>(Optional)</i>	Total Cost, This Line
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

If additional space is needed, please attach your own spreadsheet.

Your Signature: _____ Date Submitted to Student Services: _____

Determination of Approval (for Office of Student Services Use Only)

Funding Approved? No Yes, with the **changes** listed below Yes, as proposal is written

Funding Amount: _____ **To Be Transferred Into This Account:** _____

Signature: _____ **Date:** _____

Changes: _____

Approval Emailed to Student President, Project Coordinator, AND Treasurer *Date:* _____

Transfer Made in Quicken *Date:* _____ Treasurer Notified of Transfer *Date:* _____