



COESA

STUDENT ASSOCIATION

GRANT APPLICATION

2022-2023

OFFICE USE ONLY:

Date processed by COESA Treasurer: _____

☐ Approved

☐ Rejected

Contacted student date: _____

Amount awarded: _____ Initials: _____

☐ Reimbursement

☐ Direct payment to vendors

☐ Honorarium

POINT PERSON FOR THE EVENT:

Name: _____

DU ID Number: _____

Telephone: _____

E-mail: _____

Mailing address (will be used if you do not have direct deposit):

Please indicate which type of funding is being requested:

☐ Reimbursement for a completed event

☐ Honorarium for a guest speaker

☐ Seeking advance approval for expenses before an event to assist with direct payment to vendors (requires submission of this form to COESA.Treasurer@du.edu **at least 7 weeks prior to the event**)

SIGNATURE:

I acknowledge that I have read and agree to the terms of COESA's budget policies, and I hereby acknowledge that submitting this form is in no way guarantee of funding for the partial or full amount requested. I certify that my answers on this form are true and correct. If I presented at or attended a conference, if I am requesting funding for a student event, or if I am selected to receive a Dissertation/DRP/DIP Research Scholarship, I hereby allow COESA to use the information and any pictures included in this grant application for promotional purposes.

Student signature: _____

SECTION I: APPROVAL FROM THE STUDENT ASSOCIATION

Please complete this portion of the form with authorization of the treasurer or president for your COESA-recognized student association.

Name of the student association: _____

MCE department: _____

Name of person providing approval: _____

☐ President ☐ Treasurer

Signature: _____

Date: _____

SECTION II: EVENT INFORMATION AND ITEMIZED EXPENSES

Please attached additional documents to provide greater detail, if needed.

Event title: _____

Event date: _____ Event location: _____

Please describe the purpose of the event. _____

How many students attended the event? (For upcoming events, please provide an estimate. Please also remember that if food is being purchased for the event, a list of attendees must be provided; however, [COVID event protocols](#) may prohibit purchasing food for events.) _____

Please describe the outcomes for the event. _____

Itemized list of Expenses:

Please refer to the 2022-2023 COESA Budget Policies for what can and cannot be reimbursed, including sales tax. **When you submit this form to COESA.Treasurer@du.edu, please remember that you must attach PDFs or scans of your receipts for all itemized expenses listed below.**

If expenses include a requested honorarium for a guest speaker, please also complete the Honorarium Payment Request Form and confirm via e-mail to COESA.Treasurer@du.edu that none of the following criteria apply. If the answer to any of the below questions is yes, the payment **cannot** be processed as an honorarium:

- Is the individual a business, corporation, or partnership?
- Was the payment amount negotiated between the University and the individual?
- Is there a contractual agreement?
- Are the individual's services recurring?
- Is the individual an employee or student employee?
- Did the individual set the price?

Description	Amount
TOTAL AMOUNT REQUESTED	

For COESA use only:

Decision: ☐ Approved ☐ Rejected

Total amount awarded: _____

If rejected, explanation: _____

Additional comments:

COESA Signature #1:

Name: _____

Office: _____

Signature: _____

Date: _____

COESA Signature #2:

Name: _____

Office: _____

Signature: _____

Date: _____