MOPIP Funding Support Request Form

Program Title (if applicable): 

Date (if applicable): 

Responsible Organization/Individual: 

Time & Duration (if applicable): 

Location (if applicable): 

Attendance Goal: 

Purpose and Description of Program/Project (use additional space on reverse if necessary):

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

What goal/objective(s) do you plan to accomplish with this activity/funding?

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

How will you evaluate accomplishment of the above goal/objective(s)?

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

How does this request support MOPIP’s Mission?

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Funding Category: (Circle One) Healthy Activities Education Other 

Anticipated Expenses (use additional space on reverse if necessary):

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<th>Source</th>
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</table>
Name, email and phone number of individual attending MOPIP Meeting to present request:

________________________________________________________________________________________

Signature below indicates your willingness to comply with the Guidelines for MOPIP funding to include submission of the MOPIP Funding Report Form within 5 days of the completed event/program/project. Please submit this form to Beth Kral in the Student Affairs Office in Student Union 1110.

Signature: __________________________________________

Office Use Only

Request Denied □ Request Approved □

Amount of Funds Approved $________

_______________________________    _________________________

Sign                                       Date