

\_\_\_\_\_  
Name of Student Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Account Number

\_\_\_\_\_  
Name of Submitter

\_\_\_\_\_  
Position/Title in Organization

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

**Please check boxes to confirm the following:**

- Signatures of chief student leader and advisor are included.
- Organization is in fully recognized status.
- Overall budget for organization is included.
- Exact, itemized budget with specific costs/quotes for risk initiative is included.
- Pre-Event Planning Form has been submitted (if risk initiative pertains to an event).
- All questions on application have been answered.

**FOR OFFICE USE**

RECEIVED BY:

APPROVED BY:

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Name

\_\_\_\_\_  
Approved Allocation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Funds Transferred (SOFC)

\_\_\_\_\_  
Date Approved

## **Regulations**

1. Any funds granted must be utilized according to the purpose for which they were allocated.
2. Any funds allocated but *not* used will be returned to the Department of Student Activities Risk Initiative Fund.
3. After the event or initiative has been completed, the student organization must provide the Student Organization Finance Center (SOFC) with all corresponding receipts and appropriate forms for payment.
4. After the event or initiative has been completed, the student organization must provide the Risk Management and Organizational Development Services team copies of the SOFC receipts and a written explanation of how the funds allocated were used.

## **Review of Applications**

Reviewers will analyze several factors in your application. Some considerations will include:

- The circumstance for your request, as a unique and/or unforeseen expense related to risk management costs.
- The link between this event or initiative and the mission and purpose of your organization.
- Evidence of your organization's comprehensive risk management planning for this event or initiative.
- Evidence of your organization's ongoing efforts for proactive risk management.
- Evidence of your organization's efforts to obtain funding through multiple avenues or initiatives.
- Evidence of your organization's efforts to control costs and budget wisely.
- The overall and specific budgets included with your application.

The Risk Management and Organizational Development Services team will review your application within ten (10) business days of its submission. You will receive a notification of your allocation approximately 2-3 weeks after the submission of your application. Questions regarding the status of your application or the review process can be directed to (979) 458-4371 or [risk@stuact.tamu.edu](mailto:risk@stuact.tamu.edu).

\*Risk Initiative Funding is donated by The Association of Former Students.\*

## **Eligibility**

Risk Initiative Funding is available for all recognized student organizations in the Department of Student Activities at Texas A&M University. To be eligible for this funding, your organization must be in compliance with all recognition procedures (please refer to your “Recognition Checklist” on *StuAct Online*). If the funds are requested for a specific event, you must also submit a Pre-Event Planning Form. Finally, the circumstance for your request must be a unique and/or unforeseen expense related to risk management costs, such as new initiatives or expectations for which your organization did not anticipate budgeting.

1. What is your organization’s current account balance? \_\_\_\_\_
2. What is the estimated total cost of your risk management initiative? \_\_\_\_\_
3. What is the amount you are requesting in Risk Initiative Funding? \_\_\_\_\_

\*Please attach your organization’s overall annual budget and an exact, itemized budget with specific costs/quotes for this risk initiative.

## **Please answer the following questions on a separate page.**

4. Describe the unique and/or unforeseen expense for which you are submitting an application for Risk Initiative Funding.
5. How does this risk management initiative relate to the mission and purpose of your organization?
6. What are the short-term and long-term impacts of this event or initiative?
7. What other sources of revenue has your organization pursued?
8. What is your organization doing to identify and control costs for this event or initiative?

## **Required Signatures**

*I certify that I have reviewed the information in this application, that it is accurate to the best of my knowledge, and that I support the organization’s request for Risk Initiative Funding.*

\_\_\_\_\_  
Printed Name of Chief Student Leader

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Printed Name of Advisor

\_\_\_\_\_  
Signature / Date