**GSSF Co-Sponsorship Form**

Please complete and submit this form to the SSFC Chair at least three weeks prior to co-sponsoring any program. This form should be used for any program in which a collaborating organization is involved, even if event is already listed in the group’s budget*.* Groups are only considered co-sponsors to an event if they are contributing financial resources, which include paid staff time.

Keep in mind GSSF groups are strictly prohibited from re-allocating segregated university fees to other organizations. In other words, a GSSF group can never be the “middle man” between SSFC and another organization, as SSFC has the sole and final authority to allocate GSSF funds. SSFC encourages collaboration but must also ensure that organizations pay their own bills.

If you encounter any other problems or need any questions answered, please feel free to contact:

SSFC Chair [ssfc@asm.wisc.edu](mailto:ssfc@asm.wisc.edu)

SSFC Vice Chair [ssfc.vicechair@asm.wisc.edu](mailto:ssfc.vicechair@asm.wisc.edu)

Please provide the following information so that the SSFC Chair can carefully and effectively evaluate your co-sponsorship request:

Event Name:

Event Date(s):

Name of Group:

Primary Contact from Group:

Phone & Email of Primary Contact:

Category & Event Name in approved GSSF Budget Spreadsheet:

Total Amount of Fund contributed by Group:

Total Amount of Organizing/Planning Time contributed by Group: \_\_\_\_\_\_\_hrs

Please explain the types of tasks being done to help w/the organizing/planning:

**List of Collaborating Organizations**

1. Collaborating Org. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Their financial contribution $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Collaborating Org. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Their financial contribution $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Collaborating Org. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Their financial contribution $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If needed, have “Budget Alteration Request” and “New Program Justification” Forms been submitted in order to participate in this program? **(Circle) Y or N**

**If yes,** please attach a copy of the request documents. What date(s) were the form(s) submitted to the SSFC Chair? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If No,** please submit appropriate form(s) to the SSFC Chair prior to submitting any payment documentation. If not submitted to the chair at least 3 weeks prior to the program, the group cannot financially support this program. Do not proceed until proper forms have been submitted and approved.

### Budget Work Sheet

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **Your**  **Organization** | **Collaborating**  **Org. #1** | **Collaborating**  **Org. # 2** | **Collaborating Org. # 3** | **Total** |
| **Honoraria/Fees** | $ | $ | $ | $ | $ |
| **Transportation** | $ | $ | $ | $ | $ |
| **Lodging** | $ | $ | $ | $ | $ |
| **Supplies** | $ | $ | $ | $ | $ |
| **Advertising** | $ | $ | $ | $ | $ |
| **Equipment**  **Rental** | $ | $ | $ | $ | $ |
| **Food** | $ | $ | $ | $ | $ |
| **Other** | $ | $ | $ | $ | $ |
| **Other** | $ | $ | $ | $ | $ |
| **Total** | $ | $ | $ | $ | $ |

Please process all required business forms and paperwork at least 2 days prior to the contribution of any GSSF financial resources including paid staff time.

**Authorized Signer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## SSFC Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_