

Campus Impact Fund Request

Department Request Form

Fall

Spring

Project Information

Project Name: _____

Point of Contact: _____

Email Address: _____

Department Name(s): _____

Project Dates: From: _____ To: _____

Requested Amount: \$ _____

Please attach a 1-3 page description of your project. Be sure to include a brief description of the project as well as an explanation of how your project will benefit the local campus community.

All initial requests are subject to change. Please submit required revisions to the AS&F Office no later than 2 weeks after notification of required changes.

Point of Contact Signature *Date*

Approvals

Department Chair Name

Department Chair Signature *Date*

Department's AS&F Senator Name

Department's AS&F Senator Signature *Date*