SPECIAL REQUEST FUNDS FORM

Is the program you are putting together requiring more money than you have available? Then don’t forget that you have an option for additional financial assistance – another resource through RHA!

Additional funds are available via monies provided by RHA. In order to receive these funds you must do the following:

- Complete the attached forms.
- Submit a completed Special Funds Request form. All sections should be completed.
- Submit the completed form and completed Special Funds Request form NO LESS THAN 21 BUSINESS DAYS PRIOR TO THE PROGRAM!

The deadline instruction will be strictly adhered to as the amount of time to process the application for review by RHA Executive Board and RHA General Board requires a respectable amount of time.

Those requesting funds will have their decision two weeks after submission of request.

There is a limit to the amount granted through additional funds, so please pay attention to those limitations on the request form.

Beyond additional funding, if RHA can assist you in any other way in developing your program, we encourage you to visit us in the RHA Office.
Special Request Funds Form
REQUEST FOR ADDITIONAL FUNDS

NAME OF PROGRAM PRESENTERS: (please print)

_____________________________  ______________________
_____________________________  ______________________
_____________________________  ______________________

Residence Hall(s): ______________  Date of program: _________

Amount Requested: indicate amount

$______________ (may not exceed $75)

Total cost of proposed program: $__________

Please attach a statement of request and an outline of the program to this form to complete the request for additional funds. Please include the following items in your brief outline.

- Type of program
- Populations served
- Outline of Program (activity, description of resources, etc.)
- Goal of Program
- Resident needs addressed (transition issues, academic strategies, social issues, health and safety, development, diversity, etc.)

PLEASE HAVE A CONTACT PERSON SIGN AND DATE THIS FORM. THAT PERSON WILL RECEIVE NOTICE OF DECISION REGARDING REQUEST FOR ADDITIONAL FUNDS.

_________________________  ______________  ______________________
NAME  DATE  PH#/EMAIL

Please deliver completed request to the RHA Office or the RHA Advisor’s box in the Housing Office no later than 21 working days before the program.