

Order of Omega Program Grant Application

2017-2018

Purpose

To enhance an Order of Omega chapter's ability to impact their members and the Fraternity & Sorority community through innovative programming. Programs should provide added value or service to the Fraternity & Sorority community that otherwise would not happen. Priority will be given to new and unique programs/events.

Eligibility

The Program Grants are available to Omega chapters that have registered new members the previous academic year and are in good standing with Order of Omega Headquarters.

Applications will be evaluation on the following criteria:

- Quality of application (clear, detailed, well-written).
- Evidence of sound financial planning and a realistic marketing plan.
- Program is carefully thought out and well planned.
- Developed strong learning outcomes/value added benefit to individual and the campus at large.
- Programs should show collaboration with on or off campus organizations with stakeholder outside of Fraternity and Sorority Life.

Guidelines

- Event must be alcohol free.
- Program must support one of the 12 tenets of Order of Omega.
- Creativity and innovation must be shown. How is this program unique from existing events?
- Applications must be submitted **at least** four weeks prior to your program/event date.
- All programs/events must have a faculty/staff approval.
- Grant funding cannot fully fund of any program. Applicants must show collaborative relationships and monetary support. **Funds will be sent to the chapter advisor once the evaluation and documentation has been received.** Exceptions can be made to this on a case-by-case basis.
- Intent of the program/event should not be to make a profit for any specific campus organization.
- Funds cannot be used to donate to charitable causes or individual organizations (i.e., fundraisers, sorority philanthropy, etc.).
- Funding is awarded on a first come first serve basis as long as funding is available.
- A program evaluation **MUST** be completed and returned to Headquarters with program documentation thirty days following the program/event.
- Order of Omega logo should be visible on marketing materials and at the event.
- **Chapters cannot apply for the same program multiple times.**

Application Due Dates

Applications should be submitted at least four weeks prior to program date.

Notification of funding approval will be within two weeks of receipt of application.



CONTACT INFORMATION:

Institution:

Chapter:

Contact Person:

Campus Mailing Address:

Email:

Chapter Advisor:

Email:

Fraternity & Sorority Life Advisor (if different):

PROGRAM INFORMATION

Name of Proposed Program:

Date/Time of Program:

Location of Program:

Anticipated # of Participants Attending:

Amount of Funding Requested:

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE PROPOSED PROGRAM

(If additional space is needed, attach a separate piece of paper.)

1. Please give a detailed description of the program and how it supports on of the 12 tenets.

2. Outline your marketing plan.

3. What added value (learning outcomes) do you anticipate for the event planners as well attendees?

4. What will be the program's impact on your community? (i.e., campus, FSL, etc.)

5. What collaborative relationships will be cultivated as a result of this program/event?

PLEASE COMPLETE THE FOLLOWING BUDGET INFORMATION

(Print legibly or attach separate document)

<u>DESCRIPTION OF EXPENSES</u>	<u>AMOUNT</u>
What are the entire program will cost:	
Facilities rental: _____	\$ _____
Food: _____	\$ _____
Publicity: _____	\$ _____
Honorariums: _____	\$ _____
Supplies: _____	\$ _____
Technical Support: _____	\$ _____
Transportation: _____	\$ _____
Other: _____	\$ _____
_____	\$ _____
TOTAL EXPENSES – please reflect overall cost of event (DO NOT JUST LIST EXPENSES TO BE COVERED BY GRANT FUNDING.)	\$ _____
 <u>DESCRIPTION OF ANTICIPATED INCOME</u>	
Omega Chapter funding:	\$ _____
Fraternity & Sorority Life funding:	\$ _____
Entry/Admission Fee (if any)	\$ _____
Collaborative Partners funding:	
A. _____	\$ _____
B. _____	\$ _____
C. _____	\$ _____
Grant (amount of funding requested)	\$ _____
TOTAL INCOME:	\$ _____

***Income should not exceed expenses.**

HQ use only. Do not write below this line.		
_____ Approved	\$ _____ Awarded	Specifications: _____
_____ Denied	Reason: _____	
Evaluation Sent _____	Evaluation Received _____	