

# Order of Omega Program Grant Application

## 2018-2019

### **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 one of the 12 tenets.

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2. Outline your marketing plan.

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

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

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

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**PLEASE COMPLETE THE FOLLOWING BUDGET INFORMATION**

(Print legibly or attach separate document)

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

**\*Income should not exceed expenses.**

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