**ISP Undergraduate Event Co-Sponsorship Awards**

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| DATE OF REQUEST:       | TITLE:       |
| DATES (Start/End):       | TOTAL BUDGET:       |
| SUMMARY OF PROPOSAL: (One sentence only.) | ISP FUNDS REQUESTED: |
|       | **$**  |
| APPROVED (OFFICE USE): |
|
|
| APPLICANT INFORMATION: | CAMPUS ADDRESS: |
| FIRST NAME:       | LINE 1:       |
| LAST NAME:       | LINE 2:       |
| POSITION/TITLE:       | CITY:       |
| PHONE:       | STATE:       |
| E-MAIL:       | ZIP:       |
| CENTER/DEPT/SCHOOL:       |
| COST-SHARING INFORMATION |
| FUNDS REQUESTED FROM (Unit/Contact Person): | REQUESTED: | CONTRIBUTED: |
| 1       | $       | $       |
| 2       | $       | $       |
| 3       | $       | $       |
| 4       | $       | $       |
| INFORMATION FOR TRANSFER OF FUNDS |
| Department Admin/Contact (For Transfer of Funds): | Shortcode:       |
| Name:       | Fund:       |
| Phone:       | Program:       | Class:       |
| E-mail:       | Dept ID:       | Proj/Grant:       |
| I understand that this award may be listed in a Program or University Publication. |
| I will provide a narrative report to the Program upon request. |
| **APPLICANT SIGNATURE:**  |
| Applicant Name Printed:       | Date:       |
| **FOR OFFICE USE ONLY** |
| Amount Approved: | Signature: | Funding Source: | Code: |
|   |   |   |   |

For a funding request to be considered, this form must be completed in full and accompanied by an explanatory statement no longer than 1,000 words and a budget detailing anticipated costs with all sources of support listed (pending and confirmed). ISP will review funding requests on a rolling basis. Please submit all materials to IslamicStudies@umich.edu.