

MOPIP Funding Support Request Form

Program Title (if applicable): _____

Date (if applicable): _____

Responsible Organization/Individual: _____

Time & Duration (if applicable): _____ Name _____

Location (if applicable): _____ Email _____

Attendance Goal: _____ Phone _____

Purpose and Description of Program/Project (use additional space on reverse if necessary):

What goal/objective(s) do you plan to accomplish with this activity/funding?

How will you evaluate accomplishment of the above goal/objective(s)?

How does this request support MOPIP's Mission?

Funding Category: (Circle One) Healthy Activities Education Other

Anticipated Expenses (use additional space on reverse if necessary):

Item	Source	Price
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Name, email and phone number of individual attending MOPIP Meeting to present request:

Signature below indicates your willingness to comply with the Guidelines for MOPIP funding to include submission of the **MOPIP Funding Report Form** within 5 days of the completed event/program/project. Please submit this form to Beth Kral in the Student Affairs Office in Student Union 1110.

Signature: _____

Office Use Only

Request Denied

Request Approved

Amount of Funds Approved \$ _____

Sign

Date