

Cold Beverage Exclusivity Fund – Request for Funds

(Cover page)

Name of Project or Initiative: _____

Name of Group or Department: _____

Amount of Funding Requested \$ _____

Please provide the name of your organization (not an individual), to whom the cheque should be made payable to or the Queen's account code to credit in the event your application is successful:

Please provide a brief description of project or initiative. Please include the goal(s), anticipated positive impact on students, etc.

If you require more space, please use the back of the page.

Contact Name: _____

Correspondence Mailing Address: _____
(Include postal code)

Phone Number: _____

Email Address: _____

****Please include this cover page along with 5 copies of your application / request for funds.**

Submit applications by 4:30pm on or before Friday, October 31, 2008 in Vic Hall, room D015

If you have any questions, please contact Residence & Food Services at (613) 533-2529.

Any personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected is to enable the Committee to contact you with respect to questions and decisions made relative to your funding application. If you have any questions or concerns about the information collected or how it will be used please contact Kristy Chalovich in the Residences & Food Service Office, Victoria Hall, 533-2529.

Funding Details

Anticipated Costs for Project/Initiative	\$
<i>Less:</i> Other funding sources (grants, fees)	\$
Total: Funds Request **	\$

**The committee may elect to provide partial or reduced funding.
 If your organization is successful, please highlight opportunities (if any) for this partial or reduced funding.

Partial / Reduced funding opportunities would go towards (list where monies would then be allocated toward the proposed project/initiative):	Amount
	\$
	\$
	\$
	\$